PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR. REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000000949

1. Corporation Name

OBLATE TITLE HOLDING CORPORATION

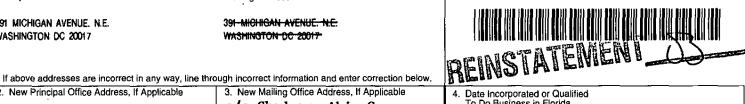
Principal Place of Business

Mailing Address

391 MICHIGAN AVENUE, N.E. WASHINGTON DC 20017

391-MICHIGAN AVENUE, N.E. WASHINGTON DC 20017

FILED 03 OCT 31 AM 8: 41 SECRETARY OF JATE
TALLAHASSEE, FLORIDA



					ing Office Address, If Applicable adsey, Akin Gump		Date Incorporated or Qualified To Do Business in Florida 02/18/1999			
Cano, r pr	", 5.51				shire Ave NW	5. FEI Numbe	er		Applied For	
City & Stat	е		City & State Washing]			Not Applicable	
			Zip 20036		Country USA		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee for a Certificate of S			
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)			_	
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PD	KALERT, DAVID			391 MICHIGAN AVENUE, N.E.			WASHINGTON DC 20017			
٧	BANKS, CHARLES D			391 MICHIGAN AVENUE, N.E.			WASHINGTON DC 20017			
STD	HITPAS, JOSEPH			104 N MISSISSIPPI RIVER BLVD			SAINT PAUL MN 55104			
STD	D MOOSBRUGGER, ROBERT				HIGAN AVENUE, N.E.	WASHINGTON DC 20017				
<u> </u>						1	0002433:	 377	1	
	8. Nam	e and Address of Current		ent		Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
					Suite, Apt. #, Etc.			•	# 	
					. City		Sta	te Zip Co	ode	
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am f	amiliar with and accept the c	bligations of Sec	tion 607.0505, F.S. or 617.09			

Signature of Registered Agent

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev., Robert Moosbrugger, OMI

10/28/03

202-529-4505

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION :

COST LIMIT

\$ 245.00 U

ORDER DATE: October 30, 2003

ORDER TIME : 11:23 AM

ORDER NO. : 302745-035

CUSTOMER NO: 4800031

Carol Chadsey, Legal Asst CUSTOMER:

> Akin, Gump, Strauss, Hauer & 1333 New Hampshire Avenue Nw

Washington, DC 20036

REINSTATEMENT

NAME:

OBLATE TITLE HOLDING

CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS