PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV 19 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G31726

1. Corporation Name

COMPLETE TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
4625 E BAY DR #308 P O BOX 6100 CLEARWATER FL 34624	4625 E BAY DR #308 P O BOX 6100 CLEARWATER FL 34624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
28805 US HWY 19N	Same As new
Suite, Apt. #, etc.	Suite, Apt. #, etc. ADDRESS
CLEARWATER	
City & State	City & State
FLORIDA	
Zip 33761 Country Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/1983

5. FEI Number: 59-2276255 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	RATSEK, JOANNE M	~~4625 E BAY DRIVE 308~~ 28805 US HWY 19N	CLEARWATER,FL ~~09880~~ 33761
			900002696789--4
			-11/25/98--01069--026
			****750.00 ****750.00
	REINSTATEMENT 98		11-23-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RATSEK, JOANNE M. ~~4625 E BAY DR #308~~ ~~CLEARWATER FL 34624~~	Name 28805 US HWY 19N. Street Address (P.O. Box Number is Not Acceptable) CLW, Fla. Suite, Apt. #, Etc. City 33761 State FL Zip Code

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11-13-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 filing 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.

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SIGNATURE: REJ. RATSEK PRES 11-13-98 789-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #