PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT		Katherine Secretary of COF	of State		Company of the Compan	ED.	
DOCUMENT # G79993 1. Corporation Name				01 NOV 26 PM 5: 10			
STEWART TITLE OF MIAMI, INC.				SEGRETARY STATE TALLAHASSEE FEORIDA			
Principal Place of Business	Mailing Addr	ress					
3401 WEST CYPRESS ST SUITE 202 TAMPA FL 33607 US If above addresses are incorrect in any v	3401 WEST O Tampa FL 36 US	STEWART TITLE GUARANTY CO 3401 WEST CYPRESS ST TAMPA FL 36607 US Dugh incorrect information and enter correction below.			MIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
New Principal Office Address, If Applic	ess, If Applicable	Date Incorp. To Do Busir	orated or Qualified ness in Florida	0410014004			
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number		01/25/1984	
City & State	City & State		The same 1 to the same state of		59-2366066	Applied For Not Applicable	
Zip Country	Zip	Cr	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each		rida nonprofit co	orporations must list at least				
Title(s) Name of Officers and/or Directors 3			Officer and/or Director		City / State / Zip		
P HICKMAN, HAROLD E.	3401 WEST CYPRESS ST., SUITE 101		101	TAMPA FL			
SD RENTZ, RONALD		1555 PALM BEACH LAKES BLVD			CORAL GABLES FL		
				60	000471:	91063 -01072032	
					****750.00	0 ****750.00	
8. Name and Address of	of Current Registered Age	ent	Name	Name and Address of New Registered Agent			
HICKMAN, HAROLD E.				O Pay Number	:- Not Assentable)	CR2E040 (8/01)	
3401 WEST CYPRESS ST., SUITE 101				(P.O. Box Number is Not Acceptable)			
TAMPA FL 33607	Suite, Apt. #, Etc.	Guite, Apr. #, Etc.					
10. I, being appointed the registered agen	2	oration, am famili	iar with and accept the obl	ligations of Section		///	
Registered Agent	REGISTERED AG	ENT MUST SIG	,N		Date / / / / /	0.1	
11. I certify that I am an officer or director this reinstatement application the reas owed by the corporation have been part on this application is true and accurate.	on for dissolution has been id and the names of individ	eliminated, the d duals listed on this	corporate name satisfies the form do not qualify for a	the requirements an exemption und	of section 607.0401 or 61	17.0401, F.S., that all fees	
SIGNATURE:				11/2/	61 813	-8760619	
SIGNATURE AND TY	PED OR PRINTED NAME OF S	SIGNING OFFICER	OR DIRECTOR	/ /	Date	Daytime Phone #	