

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 DEC -1 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G80303**

1. Corporation Name

STEWART TITLE OF FT. MYERS, INC.

Principal Place of Business

Mailing Address

13400 S CLEVELAND AVE
STE 202
FT. MYERS FL 33919
US

13400 S CLEVELAND AVE
STE 202
FT. MYERS FL 33919
US



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

2. New Principal Office Address, If Applicable

3401 W. CYPRESS ST.

3. New Mailing Office Address, If Applicable

3401 W. CYPRESS ST.

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2366068

Applied For

Not Applicable

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33607

Country

USA

Zip

33607

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HICKMAN, HAROLD	3401 W CYPRESS 101	TAMPA FL
C	HUSSEY, KEVIN M.	370A PINELLAS BAYWAY	TIERRA VERDE FL
D	REAVES, VIRGINIA	2638 N.DUNDEE	TAMPA FL
D	MOHLER, EUGENE A.	3035 COUNTRYSIDE BLVD #17B	CLEARWATER FL

800002374138--4
-12/16/97--01121--002
****750.00 ****750.00

8A 1213

8. Name and Address of Current Registered Agent

HICKMAN, HAROLD
3401 W. CYPRESS #101
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/20/97

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/97

813-8760619

CR2040 (9/97)