

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 # H10042

1. Corporation Name

PALATKA ABSTRACT & TITLE GUARANTY COMPANY, INC.

Principal Place of Business

Mailing Address

% L.W. WILHITE  
113 NORTH 4TH STREET - P.O. BOX 177  
PALATKA FL 32177

% L.W. WILHITE  
113 NORTH 4TH STREET - P.O. BOX 177  
PALATKA FL 32177

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1984

5. FEI Number

59-2422374

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 3	City / State / Zip 4
PD	WILHITE, L.W.	412 RIVER STREET	PALATKA FL
S	WILHITE, SUE	412 RIVER STREET	PALATKA FL

608824014246  
10/22/03--01049--020 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILHITE, L.W.  
113 N. 4TH STREET  
PALATKA FL 32177

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. or 617.0505, F.S.

Signature of  
Registered Agent

*L.W. Wilhite*

REGISTERED AGENT MUST SIGN

Date 10/20/2003

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 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:

*Sue Wilhite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2003 (386)328-8062

Date

Daytime Phone #

CR2E040 (7/03)

**PALATKA ABSTRACT & TITLE GUARANTY CO., INC.**

**113 N. FOURTH ST. PALATKA, FL 32177**

**PHONE - 386-325-4029 FAX -386-328-2345**

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OCTOBER 20, 2003

-CASEY,

AS PER OUR CONVERSATION I AM SENDING YOU THIS LETTER STATING WE DID NOT RECEIVE THE PRIOR NOTIFICATION WE DISCUSSED. ENCLOSED IS OUR CHECK FOR \$158.75 AND THE SIGNED APPLICATION.

THANK YOU AGAIN FOR YOUR HELP IN THIS MATTER. AND AGAIN I WILL BE LOOKING FOR OUR APPLICATION IN JANUARY AND WILL SEND IT OUT IMMEDIATELY.

SUE WILHITE, SEC/COORP.

PHONE (386) 328-8062