

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

98 NOV 20 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

508883

1. Corporation Name *Land Title Information Services, Inc.*

REINSTATEMENT 96-98

Principal Place of Business

129 W. Call St.
Stark, FL 32091

Mailing Address

PO Box 1238
Stark, FL 32091

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

April 11 1986

5. FEI Number

59-2776877

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	Richard W. Sullivan	343 N. WALNUT ST.	Stark, FL 32091

800002696106--4

-11/25/98-01006-001

***1050.00 ***1050.00

JB
11-20-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard W. Sullivan

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

343 N. Walnut St.

Suite, Apt. #, Etc.

City

Stark

State

FL

Zip Code

32091

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

Richard W. Sullivan

REGISTERED AGENT MUST SIGN

Date 11/20/98

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

Richard W. Sullivan

Date

11/20/98

Daytime Phone #

904-964-3854

CR2040 (1/98)