

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 16 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20483

1. Corporation Name

FIDELITY TITLE AND GUARANTY COMPANY

Principal Place of Business

Mailing Address

2233 LEE RD #101
WINTER PARK FL 32789

2233 LEE RD #101
WINTER PARK FL 32789

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

06/19/1986

5. FEI Number

50-2686304

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A fee of \$8.75 is 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	4 City / State / Zip
DV	CASBON, JOHN	237 LAFAYETTE ST STE 200	NEW ORLEANS LA
DPCO	DEAL, LARRY P.	2233 LEE RD #101	WINTER PARK FL
DCEO	CONWAY, MIKE	2807 REMINGTON GREEN CIR	TALLAHASSEE FL
ST	LAJOIE, JOHN T	6800 NW 16TH ST	PLANTATION FL
VPAS	DYER, JAMES	2233 LEE ROAD, STE 101	WINTER PARK FL 32789
			8888888888968-1 -12/06/99-01011-004 ***\$600.00 ***\$600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	800009060968-1
Street Address (P.O. Box Number is not acceptable)	-12/06/99-01011-003
Suite, Apt. #, Etc.	***\$150.00 ***\$150.00
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

John T. Lajoie

REQUIRED

Date 10/18/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Dyer
James Dyer

REQUIRED

10/15/99

Daytime Phone #