

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY 10 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 589978

## 1. Corporation Name

ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.

## 2. Principal Office Address

2699 Lee Road #475

Suite, Apt. #, etc.

Winter Park  
FL 32789

## 3. Mailing Office Address

same

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

9/87

## 5. FEI Number

59 2854419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

STEPHANIE MUSSELWHITE

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

2699 Lee Road Suite 475

Suite, Apt. #, Etc.

Winter Park, FL 32789

City

State  
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	STEPHANIE MUSSELWHITE	2140 Lake Vilma Drive Orlando FL 32835	

10. 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)(f), 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 #

CR2E081 (3/02)

4-11-02

5/20/02



# ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.



DATE: 4/11/2002

TO: SECRETARY OF STATE

FROM: STEPHANIE MUSSELWHITE

RE: ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.

MESSAGE:

It recently was brought to our attention that our corporate statement was not filed.

This was due to the fact that our mailing address changed recently (within past 24 months) and we did not receive the report to file.

~~Further, we assumed our bookkeeper was handling this~~  
filing every year which was in error.

We have enclosed our reinstatement paperwork and request for special consideration based on these circumstances.

Our check is also enclosed.

We would appreciate any assistance you could grant us on this request.

THANK YOU.

CC: