

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 25 PM 2:29

DOCUMENT # **K32084**

1. Corporation Name

Title & Abstract Agency of America, Inc.

2. Principal Office Address

5429 Beaumont Center Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Tampa, Florida

Zip

Country

33634

USA

3. Mailing Office Address

5429 Beaumont Center Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Tampa, Florida

Zip

Country

33634

USA

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/31/88

5. FEI Number

74-2511247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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***1208.75 ***1208.75

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

James M. Halpin
Assistant Secretary

Date

7/10/01

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	Tom E. Paschen	28745 Walnut Grove	Mission Viejo, CA 92692
VP/D	Gerald M. Shapiro	4201 Lake Cook Road	Northbrook, IL 60062
S	Barry S. Fishman	5429 Beaumont Center Boulevard, Suite 800	Tampa, FL 33634
T	Michael J. Kirsch	4201 Lake Cook Road	Northbrook, IL 60062
D	David S. Kreisman	4201 Lake Cook Road	Northbrook, IL 60062

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)(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

July 18, 2001

847-291-9100

Daytime Phone #

CR2E081 (9/00)