

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002028

1. Corporation Name

ATTORNEYS ESCROW & TITLE COMPANY, LLC

2. Principal Office Address - No P.O. Box #

1221 BRICKELL AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

ARTURO ORTIZ

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

41 NW 42 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

Date **06/05/11**

REGISTERED AGENT MUST SIGN

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	MEDINA, J. ARGENIS	41 NW 42 AVENUE	MIAMI, FL 33126
VP/S	LAURENTI, RAFAEL	41 NW 42 AVENUE	MIAMI, FL 33126
T	WEBB, ANTHONY	41 NW 42 AVENUE	MIAMI, FL 33126

REINSTATEMENT 2008-11

10. E-mail Address: **PUBLICACCOUNTING@ATT.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/11

Date

3052553132

Daytime Phone #

FILED

11 JUN 13 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/2003

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900208667389
06/09/11--01033--002 **\$55.00