

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 14 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # L03000002028

1. Corporation Name

ATTORNEYS ESCROW & TITLE COMPANY, LLC

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

1420 Celebration Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1420 Celebration Blvd.

Suite, Apt. #, etc.

City & State

Celebration, Florida

City & State

Celebration, Florida

Zip

34747

Country

USA

Zip

34747

Country

USA

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

7. Name and Address of Current Registered Agent

Name

JOSE LOPEZ

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

901 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

200243615012
01/14/13--01007--014 **932.50

JAN 14 2013

S. PRATHER

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 **12/26/2012**

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 | REYES, HERIBERTO | 1420 Celebration Blvd. | Celebration, Florida 34747 |
| VP | LOPEZ, JOSE | 1420 Celebration Blvd. | Celebration, Florida 34747 |
| T | WEBB, JOHNNY | 1420 Celebration Blvd. | Celebration, Florida 34747 |
| S | GONZALEZ, ANGEL | 1420 Celebration Blvd. | Celebration, Florida 34747 |
| | | | |
| | | | |

REINSTATEMENT

10. E-mail Address:

(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

12/26/2012

305-4430003

Date

Daytime Phone #