PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98-4140

FILED
99 JUL -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03955

1. Corporation Name
Tennessee Southern Title United Development Co.

Principal Place of Business	Mailing Address
5635 Turtle Bay Dr, St. Simone #6 Naples, FL 34108	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98 Q97

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: July 24, 1989

5. FEI Number: 65-0142048 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres/dir	John G. Mackie, III	5635 Turtle Bay Dr, St. Simone #6	Naples, FL 34108
acting sec.	Jack R. Pentz	5150 Tamiami Trail N. #400	Naples, FL 34103

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****908.75 ****908.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
John G. Mackie, III 5635 Turtle Bay Dr, St. Simone #6 Naples, FL 34108	Name: Jack Pentz, Waterford Mortg. Banc Corp. Street Address (P.O. Box Number is Not Acceptable): 5150 Tamiami Trail North Suite, Apt. #, Etc.: City: Naples State: FL Zip Code: 34103

CR2E081 (12/98)

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 X _____ REGISTERED AGENT MUST SIGN Date X 9/30/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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. 9/30/99

SIGNATURE: X _____ Jack R. Pentz 9/30/99 941/261-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #