

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 28 PM 2:31

DOCUMENT # L04000056775

1. Corporation Name

ADMIRAL TITLE INSURANCE SERVICES, LLC

REINSTATEMENT *06-09 1st*

900156063219

05/15/09--01006--011 **\$00.00

CR2E081 (12/08)

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

600 THREE ISLANDS BLVD

3. Mailing Office Address

600 THREE ISLANDS BLVD

Suite, Apt. #, etc.

1716

Suite, Apt. #, etc.

1716

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida 07/30/2004

5. FEI Number

800121110

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

ALFRED COLEY

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

5925 NW WOLVERINE ROAD

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34986

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

ALCOLEY

Date 05/12/2009

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
PRESIDENT	BARBARA J GRIMM	600 THREE ISLANDS BLVD # 1716	HALLANDALE BEACH FL 33009

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 contained in Chapter 119, 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:

BARBARA J GRIMM

05/12/2009

954-401-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #