

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -5 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L053023

1. Corporation Name

GAINESVILLE TITLE & ABSTRACT, INC.

Principal Place of Business

Mailing Address

2631 N.W. 41st Street, Suite C-3
Gainesville, Florida 32606

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

22 Willow Drive

St. Augustine, Florida

32084

4. Date Incorporated or Qualified
To Do Business in Florida

July, 1989

5. FEI Number

59-2958160

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres/D	David S. Gamsey	22 Willow Drive	St. Augustine, Fla 32084
V. Pres/ Treas/Sec/ D	Karen H. Gamsey	22 Willow Drive	St. Augustine, Fla 32084

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-06/03/97--01149--021
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Karen H. Gamsey

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

2631 N.W. 41st Street,

Suite, Apt. #, Etc.

Suite C-3

City

Gainesville,

State
FL

Zip Code

32606

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

Karen H. Gamsey
REGISTERED AGENT MUST SIGN

Date May 28, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Karen H. Gamsey V. Pres. Karen H. Gamsey, V. Pres 5-28-97 (352) 372-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)