

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44184

1. Corporation Name

MERCHANTS' TITLE SERVICES, INC

900023316029
09/25/03--01005--002 **1358.75

REINSTATEMENT 99-03

2. Principal Office Address

9152 Bay Harbour Cir

Suite, Apt. #, etc.

3. Mailing Office Address

9152 Bay Harbour Cir.

Suite, Apt. #, etc.

City & State

W.P.B. FL

Zip

33411

Country

USA

City & State

W.P.B. FL

Zip

33411

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/86

5. FEI Number

59-2790070

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

Wyette Bell

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

9152 BAY HARBOUR CIRCLE

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

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

Wyette Bell

REGISTERED AGENT MUST SIGN

Date

9/23/03

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	Wyette Bell	9152 Bay Harbour Cir	W.P.B. FL 33411
VPS	Linda Surratt	440 S.W. 54th Ave	Pt Lauderdale, FL 33317

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 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.

SIGNATURE: Wyette Bell Wyette Bell 9/23/03 863-763-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/5/29