

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038415

1. Corporation Name

Accelerated Title & Abstract of Florida, Inc.

2. Principal Office Address

1018 N. Ward Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

3. Mailing Office Address

1018 N. Ward Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

REINSTATEMENT 02-05
MRB

**4. Date Incorporated or Qualified
To Do Business in Florida**

4.17.2000

5. FEI Number
20-2229936

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

William G. K. Smoak, Esq.

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

1000 N. Ashley Drive

Suite, Apt. #, Etc.

317

City

Tampa

State
FL

Zip Code
33602

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

Date 1/27/05

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
P	James T. Pappas	1018 N. Ward Street	Tampa, FL 33607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

813-281-2663

Daytime Phone #

CR2E081 (01/05)