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# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -5 PM 2:34


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## REINSTATEMENT 04-05



01042005 REIN-P CR2E098 (6/04)

**DOCUMENT # P0000058499**  
 1. Entity Name  
**TITLE AMERICA OF JACKSONVILLE, INC.**



Principal Place of Business: **9735 OLD ST. AUGUSTINE ROAD SUITE 11 JACKSONVILLE, FL 32257**  
 Mailing Address: **9735 OLD ST. AUGUSTINE ROAD SUITE 11 JACKSONVILLE, FL 32257**

2. Principal Place of Business: **10448 Old St. Augustine Rd**  
 Suite, Apt. #, etc.

3. Mailing Address: **10448 Old St. Augustine Rd**  
 Suite, Apt. #, etc.

City & State: **Jacksonville FL**  
 Zip: **32257** Country: **USA**

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 Zip: **32257** Country: **USA**

4. FEI Number: **59-3655704**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GULLETT, NIKKI S**  
**973 SANDSTONE DRIVE**  
**ORANGE PARK, FL 32065**

7. Name and Address of New Registered Agent  
 Name: **Nikki S. Gullett**  
 Street Address (P.O. Box Number is Not Acceptable):  
**10448 Old St. Augustine Rd**  
 City: **Jacksonville FL** Zip Code: **32257**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Nikki S. Gullett* DATE: 1/4/05  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GULLETT, NIKKI S MRS</b> <b>9735 OLD SAINT AUGUSTINE ROAD, SUITE 11</b> <b>JACKSONVILLE, FL 32257</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *Nikki S. Gullett* DATE: 1/4/05  
Signature and typed or printed name of signing officer or director Daytime Phone #

2072



# TITLE AMERICA

*of Jacksonville, Inc.*

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January 4, 2005

Florida Dept of State  
Division of Corporations

RE: Title America of Jacksonville, Inc.  
Document #P00000058499  
REINSTATEMENT

Dear Dept of State.

By this letter please be advised that I did not receive my 2004 renewal. I have enclosed an address change that will insure receipt of the following years notices.

Thank you for your assistance

Sincerely

A handwritten signature in cursive script that reads "Nikki Gullett".

Nikki Gullett  
President