

10f2

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	City & State Jacksonville FL	4. FEI Number 59-3655704	Applied For Not Applicable
Zip 32257	Country USA	Zip 32257	Country USA

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 GULLETT, NIKKI S MRS 9735 OLD SAINT AUGUSTINE ROAD, SUITE 11 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

900044058839
01/05/05--01024--003 **300.00

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.

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

Nikki Gullett
President