## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P00000058499** 05 JAN -5 PH 2: 34 1. Entity Name TITLÉ AMERICA OF JACKSONVILLE, INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9735 OLD ST. AUGUSTINE ROAD 9735 OLD ST. AUGUSTINE ROAD SUITE 11 SUITE 11 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address 10448 016 10448 01 Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E098 (6/04) REIN-P Jac Ksonville City & State 4. FEI Number Applied For Jacksonville 59-3655704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GULLETT, NIKKI S Street Address (P.O. Box Number is Not Acceptable) 973 SANDSTONE DRIVE ORANGE PARK, FL 32065 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 and familiar with, and accept gistered agent. the obligations of SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change Addition **GULLETT, NIKKI S MRS** 9735 OLD SAINT AUGUSTINE ROAD, SUITE 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME **9000440588** 01/05/05--01024--003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 postee 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition



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

Milli Gullett

Sincerely

Nikki Gullett President