PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

1602

FILED
02 NOV -7 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060577

1. Corporation Name

TITLE PARTNERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
900 WEST 49 STREET STE 514 HIALEAH FL 33012	900 WEST 49 STREET STE 514 HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/22/2000

5. FEI Number: 65-1030066 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ADAMS, RICHARD J	900 WEST 49 STREET STE 514	HIALEAH FL 33012

000003868870
11/07/02--01057--019 **150.00

8. Name and Address of Current Registered Agent

ADAMS, RICHARD J
900 WEST 49 STREET STE 514
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (6/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-4-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11-4-02

Daytime Phone #

2412

TITLE PARTNERS OF FLORIDA, INC.

Corporate Offices at: Bank of America Building
900 West 49 Street Suite #514 • Hialeah, Florida 33012
Tel: (305) 824-9800 • Fax: (305) 824-3868
E-mail: SirvenandAdams@hotmail.com

- Title Insurance
- Closings
- Sale / Purchase of Property
- Residential Closings
- Commercial Closings

November 4, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Title Partners of Florida, Inc.

Dear Division of Corporations:

Regarding the above Corporation, enclosed please find

1) Application for reinstatement and
2) Check for $150.00 filing fee.

Please be advised we have just received the enclosed Application for the first time, which we are submitting immediately.

To prevent any recurrence we have already marked the renewal date for next year on our 2003 calendar! Had we received the previous notice(s), they would have been timely forwarded to your department for the necessary registration.

Thanks very much for your attention to this matter.

Sincerely,

Richard J. Adams, Director

RA/il