

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -6 AM 8:13

DOCUMENT # P00000060758

1. Corporation Name

Polk Professional Title Insurance Services, Inc.

000004917020--2
-02/13/02--01099--002
****300.00 ****300.00

2. Principal Office Address

5225 US Hwy 27 North

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33837

Country

US

3. Mailing Office Address

5225 US Hwy 27 North

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33837

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/00

5. FEI Number

59-3653527

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

Robert O. Sammons

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

1552 Sixth Street SE

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

[Signature]

Date 02/05/02

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 | E.H. Kay Dallas | 5225 US Hwy 27 North | Davenport FL 33837 |
| S/T | Sandra M. Taylor | 5225 US Hwy 27 North | Davenport FL 33837 |
| | | | |
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| | | | |
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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: X

[Signature] - S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02 (863) 420-9777

Date

Daytime Phone #

01-02

20f 2

FLOYD AND SAMMONS, P.A.
ATTORNEYS AT LAW
1552 SIXTH STREET, S.E.
WINTER HAVEN, FLORIDA 33880-4509

THOMAS C. FLOYD
ROBERT O. SAMMONS
FloydandSammons.com

AREA CODE 863
TELEPHONE 293-3801
FACSIMILE 294-0976

February 5, 2002

VIA OVERNIGHT PRIORITY DELIVERY

Department of State
Division of Corporations
Reinstatement Division
409 East Gaines Street
Tallahassee, FL 32399

RE: Polk Professional Title Insurance Services, Inc.

Dear Sir/Madame:

As per my telephone discussion with your representative of today, I am enclosing a reinstatement form regarding the above-referenced corporation.

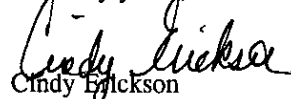
The corporation was administratively dissolved because the 2001 UBR was not filed. The UBR was actually returned to your office as "undeliverable". Therefore, your office has waived the reinstatement fee.

I am enclosing our client's check in the amount of \$300.00 which represents your filing fees for the years 2001 and 2002.

Our client desperately needs to have the corporation reinstated as soon as possible. Once you have reinstated the corporation, please contact me at (863) 293-3801 so that our client can move forward with a loan in process.

As always, your prompt and continued service is greatly appreciated.

Sincerely yours,


Cindy Jackson

Legal Assistant to Robert O. Sammons

/cle

Enclosure

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