

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 24 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080493

1. Corporation Name

REEF TITLE COMPANY, INC.

500023553995
10/03/03--01081--017 **150.00

2. Principal Office Address

1320 South Dixie Hwy.

Suite, Apt. #, etc.

715

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

1320 S. Dixie Hwy.

Suite, Apt. #, etc.

715

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 21, 2000

5. FEI Number

65-1047669

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

Samuel A. Persaud, Esq.

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

1320 S. Dixie Highway

Suite, Apt. #, Etc.

Suite 715

City

Coral Gables

State

FL

Zip Code

33146

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

Date 9/22/03

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/ | Samuel A. Persaud | 1320 S. Dixie HWY., #715 | Coral Gables, FL 33146 |
| VP | Michael K. Decker | 1320 S. Dixie Hwy, #715 | Coral Gables, FL 33146 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel A. Persaud

Date

9/22/03

Daytime Phone #

305 665-3604

CR2E081 (10/02)