

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

102  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:37

DOCUMENT # **P00000115781**

1. Corporation Name

**ATTORNEYS' TITLE OF NW FLORIDA, INC.**

Principal Place of Business

**4481 LEGENDARY DRIVE, SUITE 200  
DESTIN FL 32541**

Mailing Address

**POST OFFICE BOX 175  
DESTIN FL 32540**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/19/2000**

5. FEI Number

**59-3688936**

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | Lamar Conerly, Jr.                        | 4481 Legendary Dr.                                     | Destin, FL 32541        |
| D             | Kevin M. Helmich                          | 4481 Legendary Dr.                                     | Destin, FL 32541        |
| P             | Mark A. Violet                            | 4481 Legendary Dr.                                     | Destin, FL 32541        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

**CONERLY, LAMAR JR.  
4481 LEGENDARY DRIVE, SUITE 200  
DESTIN FL 32541**

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

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-15-01**

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

Daytime Phone #

**10-15-01 850-837-5118**

CR2E040 (8/01)

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ATTORNEYS' TITLE OF NW FLORIDA, INC.

POST OFFICE BOX 175

DESTIN, FLORIDA 32540

October 15, 2001

Florida Department of State  
Secretary of State Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, Florida 32413-6327

Re: Attorneys' Title of NW Florida, Inc. - Reinstatement  
Document Number: P00000115781

To Whom It May Concern:

Enclosed, please find the signed Application for Reinstatement with regards to the above-referenced matter. Pursuant to a telephone call with your agent of same date, I am providing the following statement to clarify our failure to timely provide the requested information:

The proper mailing address for Attorneys' Title of NW Florida, Inc. is Post Office Box 175, Destin, Florida 32540, however, the Reports have been mailed to 4481 Legendary Drive, Destin, Florida 32541, which is a multi-office complex and Attorney's Title of NW Florida, Inc. has no signs posted.

Consequently, I am asking that the Department to waive the reinstatement fee of \$600.00 and accept the enclosed Reinstatement form with the requested information. I appreciate your time and consideration in this matter and I await your response.

Respectfully yours,



Mark A. Violette  
President of Attorneys' Title of NW Florida, Inc.