
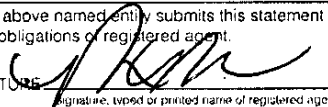
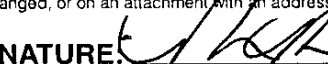


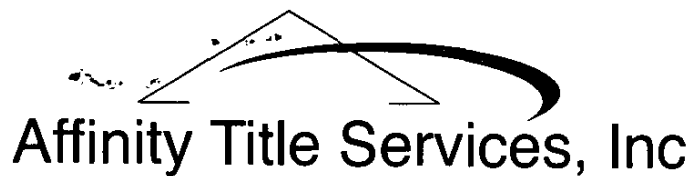
2005 FOR PROFIT CORPORATION REINSTATEMENT

RS 182

FILED
JAN 13 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
JK

DOCUMENT # P01000005780					
1. Entity Name AFFINITY TITLE SERVICES, INC.					
Principal Place of Business 22208 BOCA RANCHO DRIVE UNIT B BOCA RATON, FL 33428			Mailing Address 22208 BOCA RANCHO DRIVE UNIT B BOCA RATON, FL 33428		
2. Principal Place of Business 10 Fairway Drive Suite, Apt. #, etc. 5th 226		3. Mailing Address 10 Fairway Drive Suite, Apt. #, etc. 5th 226		01032005 REIN-P CR2E098 (6/04)	
City & State Deerfield Bch. FL Zip 33441		City & State Deerfield Bch. FL Zip 33441		4. FEI Number 65-1072141	
Country USA		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CANDELA, NORA M. 22208 BOCA RANCHO DRIVE UNIT B BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name Nora M. Candela Street Address (P.O. Box Number is Not Acceptable) 1357 Smithville Dr. City Lake Worth FL Zip Code 33462		
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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 1-11-05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDELA, NORA M 10 FAIRWAY DR #226 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200044705382 01/13/05--01057--018 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 trustee 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.					
SIGNATURE 			DATE 1-11-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-429-8834		



January 12, 2005

Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

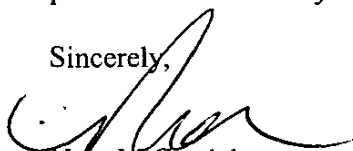
RE: Document # P01000005780

To Whom It May Concern:

Enclosed please find my 2005 For Profit Corporation reinstatement form along with my check in the amount of \$300.00. I did not receive this form for 2004 as I only changed the address for myself, not realizing that I also ~~needed to add the change elsewhere~~.

I am hoping that the \$900.00 re-instatement fee will be waived and that you will accept the \$150.00 for 2004. I am Federal Expressing this so that my re-instatement will be processed immediately. Please call me at 954.429.8834 should you have any questions.

Sincerely,



Nora M Candela