

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026071

1. Corporation Name

TITLE DIRECT, INC.

Principal Place of Business

Mailing Address

~~555 WINDERLEY PLACE, STE 114
MAITLAND FL 32751~~

~~555 WINDERLEY PLACE, STE 114
MAITLAND FL 32751~~



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

1216 Alexandra Ct
Suite, Apt. #, etc.

1216 Alexandra Ct
Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32804

Country
USA

Zip
32804

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

52-2308503

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 | MOSCOVITZ, BRETT A | 1216 ALEXANDRA COURT | ORLANDO FL 32804 |
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| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

MOSCOVIT, BRETT A
555 WINDERLEY PLACE, STE 114
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600009524286

12/16/02-01055-020-#1758.75

State Zip Code

FL

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 12/8/02

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
BRETT A MOSCOVITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-8-02 (407) 47-1925

Daytime Phone #

CR2E040 (8/02)