

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 SEP 12 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 001000041642

1. Corporation Name

PACIFIC TITLE INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

103 S US Hwy 1

Suite, Apt. #, etc.

FS-120

City & State

JUPITER FL

Zip

33477

Country

USA

3. New Mailing Office Address, If Applicable

103 S. US Hwy 1

Suite, Apt. #, etc.

FS-120

City & State

JUPITER FL

Zip

33477

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65 1101 578

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	STACY ROHR	103 S. US Hwy 1 FS-120	JUPITER FL 33477
VP	CRAIG TALKINGTON	103 S. US Hwy 1 FS-120	JUPITER FL 33477

900023110839
09/16/03-01071-010-***900.00

8. Name and Address of Current Registered Agent

STACY ROHR
222 LAKEVIEW
WPB FL 33401

9. Name and Address of New Registered Agent

Name

CRAIG TALKINGTON

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

103 S. US Hwy 1

Suite, Apt. #, Etc.

FS-120

City

JUPITER

State

FL

Zip Code

33477

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

Craig Talkington

REGISTERED AGENT MUST SIGN

Date 9/11/03

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 taxes 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:

Craig Talkington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/03

Date

561 575-7400

Daytime Phone

CR2E081 112-981