

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 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086052

1. Corporation Name

TITLE SERVICES USA, INC.

Principal Place of Business

1104 E ROBINSON ST
ORLANDO FL 32801

Mailing Address

1104 E ROBINSON ST
ORLANDO FL 32801

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3746101

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CEO SEC TRE	LOUISA SUTHERLAND	807 BUCKIE DR.	WINTER SPRINGS FL 32708
VP	BEN ARDITO	101 N. GRANDVIEW ST. UNIT 101	MOUNT DORA FL 32757

400009047104

11/18/02--01047--009 **750.00

8. Name and Address of Current Registered Agent

ARDITO, BENEDICT J
101 N GRANDVIEW ST UNIT 101
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

LOUISA SUTHERLAND

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

1104 E ROBINSON ST.

Suite, Apt. #, Etc.

ORLANDO, FL 32801

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-14-02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02

Date

407-421-467

Daytime Phone #