

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 18 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002 000014796

1. Corporation Name

Majestic Title of Central Florida Inc

2. Principal Office Address

10012N Dale Mabry

Suite, Apt. #, etc.

107

City & State

TAMPA FL

Zip

33618

Country

Hillsborough

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

3-2001

5. FEI Number

02-0541852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

APASARA MILLER

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

2117 Chestnut Forest Drive

Suite, Apt. #, Etc.

City

Tampa

000024779170

11/18/03--01018--024 **750.00

000024779170

11/18/03--01018--025 **750.00

State

FL

Zip Code

33618

8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	John Black	2117 Chestnut Forest Drive	Tampa, FL 33618
P	Apasara Miller	2117 Chestnut Forest Drive	Tampa, FL 33618

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APASARA M. MILLER

Date

11/14/03 8139089007

Daytime Phone #

CR2E081 (10/02)