

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000017106

**FILED**  
**Oct 20, 2005**  
**Secretary of State**

**Entity Name:** PRESTIGE TITLE COMPANY OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

8031 PHILLIPS HIGHWAY  
SUITE 1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8031 PHILLIPS HIGHWAY  
SUITE 1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 03-0454427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, SHARON K  
1216 EDGEWATER DRIVE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

BAKER, SHARON K  
1100 PAWNEE PLACE  
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: SHARON K. BAKER

10/20/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: BAKER, SHARON K  
Address: 1216 EDGEWATER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VS ( ) Delete  
Name: BAKER, CHANNING III  
Address: 1216 EDGEWATER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P (X) Delete  
Name: HELWIG, GRIFFIN  
Address: 12428 SAN JOSE BOULEVARD, SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/CE (X) Change ( ) Addition  
Name: BAKER, SHARON K  
Address: 1100 PAWNEE PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VS (X) Change ( ) Addition  
Name: BAKER, CHANNING III  
Address: 1100 PAWNEE PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON K. BAKER

P

10/20/2005

Electronic Signature of Signing Officer or Director

Date