

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037830

1. Corporation Name

IBL TITLE & PROCESSING SERVICES, INC.

2. Principal Office Address

13800 SW 8TH STREET

Suite, Apt. #, etc.

306

City & State

MIAMI

Zip

33184

Country

US

3. Mailing Office Address

13800 SW 8TH STREET

Suite, Apt. #, etc.

306

City & State

MIAMI

Zip

33184

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/8/2002

5. FEI Number

02-0584703

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

IDANIA B. PAAN

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

13800 SW 8TH STREET

Suite, Apt. #, Etc.

#306

City

MIAMI

State

FL

Zip Code

33184

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

Idania B. Paan

REGISTERED AGENT MUST SIGN

Date 11/13/03

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
PRES	IDANIA B. PAAN	13800 SW 8TH STREET #306	MIAMI, FL 33184

REINSTATEMENT

03

TS

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:

Idania B. Paan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

Date

305-228-1179

Daytime Phone #

CR2E081 (10/02)