

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 30 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045618

1. Corporation Name

The Title Company of Jacksonville,
Inc.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9086 Cypress Green Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

9086 Cypress Green Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

Duval

City & State

Jacksonville, FL

Zip

32256

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/2002

5. FEI Number

04-3652154

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

Eileen Blocker

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

9086 Cypress Green Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Eileen Blocker

Date 7/27/2007

REGISTERED AGENT MUST SIGN

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	Eileen Blocker	9086 Cypress Green Dr.	Jacksonville, FL 32256
VP	Mitchell Pack	9086 Cypress Green Dr.	Jacksonville, FL 32256

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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 contained in Chapter 119, 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:

Eileen Blocker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/2007

Date

904-821-3200

Daytime Phone #