

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000056466

1. Corporation Name

PROFESSIONAL TITLE SERVICES OF MIAMI, CORP.

Principal Place of Business

11100 SW 124 STREET
MIAMI FL 33176

Mailing Address

11100 SW 124 STREET
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9200 SW 142 St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9200 SW 142 St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2002

5. FEI Number

71-0885657

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HAMM, PATRICIA	11100 SW 124 STREET	MIAMI FL 33176

100024332811
10/15/03-01053-009 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HAMM, PATRICIA 11100 SW 124 STREET MIAMI FL 33176	Name <i>Patricia Hamm</i> Street Address (P.O. Box Number is Not Acceptable) <i>9200 SW 142 St.</i> Suite, Apt. #, Et

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Hamm 10/15/03 305-244-5400

Date

Daytime Phone #

PROFESSIONAL TITLE SERVICES
9200 SW 142 STREET
MIAMI, FLORIDA 33176
(305) 244-5400

October 29, 2003

To Whom It May Concern:

I respectfully request that the reinstatement fee be waived, since I never received the original annual report form. Thank you in advance for your assistance with this matter.

Sincerely,



Patricia Hamm
President