

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075644

1. Corporation Name

EXPEDIENT TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

8678 MERRIMOORE BLVD.  
LARGO FL 33777

8678 MERRIMOORE BLVD.  
LARGO FL 33777



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	D'AGATA, PETER	8678 MERRIMOORE BLVD.	LARGO FL 33777

500023983995  
10/21/03--01127--021 \*\*150.00

10/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD., STE. A  
SEMINOLE FL 33777

Name

Peter J. D'Agata

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

8678 Merrimooore Blvd

Suite, Apt. #, Etc.

City

Largo

State

Zip Code

FL

33777

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-20-03

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 REQUIRED  
Peter J. D'Agata

Date

10-20-03

Daytime Phone #

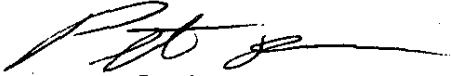
727-514-9700

CR2E040 (7/03)

To Whom It May Concern:

This letter is in regards to Expedient Title Services, Inc. Id# 13-4203681. My name is Peter J. D'Agata President I was not aware that I needed to register every year to keep the corporation in good standing with the state. I do not recall receiving an application for registration and I apologize for any inconvenience I have caused. I really would appreciate it if you would reinstate my corporation and I will include with this letter a check for \$150.00 as instructed by your customer service department. Thank you for understanding regarding this matter and I will make sure this does not happen in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. D'Agata', with a long horizontal flourish extending to the right.

Peter J. D'Agata  
President  
Expedient Title Services, Inc.