

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 10 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094762

1. Corporation Name

REALTY EXCHANGE TITLE SERVICES, INC.

Principal Place of Business

13457 S. BELCHER RD.
LARGO FL 33771

Mailing Address

13457 S. BELCHER RD.
LARGO FL 33771

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

Local Nonprofit or Qualified
To Do Business in Florida

08/29/2002

5. FEI Number

61-1426021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WOMERSLEY, DONALD B	509 39TH AVE. N 532	ST PETERSBURG FL 33703
VST	WOMERSLEY, HEATHER M	509 39TH AVE. N 532	ST PETERSBURG FL 33703

900023706599

10/10/03--01043--005 **758.75

8. Name and Address of Current Registered Agent

WOMERSLEY, DONALD B
509 39TH AVE, N
ST PETERSBURG FL 33703

9. Name and Address of New Registered Agent

Name

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

532 39th Ave N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

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

Donald B. Womersley
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

Donald B. Womersley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

727-531-0005

Date

Daytime Phone #

CR2E040 (7/03)