

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **P02000099509**

1. Corporation Name

HALLMARK TITLE, INC.

Principal Place of Business

4405 NW 65TH ST.
COCONUT CREEK FL 33073

Mailing Address

10 FAIRWAY DR., SUITE 220
DEERFIELD BCH FL 33441

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

2. New Principal Office Address, If Applicable
10 Fairway Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Deerfield Beach

City & State

Zip **33441** Country **Broward**

Zip Country

REINSTATEMENT *03*



100024050991
10/23/03--01062--003 **8.75

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2002

5. FEI Number **11-3653553**

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	NEWMAN, JILL	4405 NW 65TH ST.	COCONUT CREEK FL 33073
VD	JACOVES, NANCY	9200 BROAD ST.	BOCA RATON FL 33434
VD	Jacoves, Nancy	8328 Via Di Veneto	Boca Raton, FL 33496
			100024050991 10/23/03--01062--004 **150.00

8. Name and Address of Current Registered Agent

NATHAN, ALAN
10 FAIRWAY DR., SUITE 224
DEERFIELD BCH FL 33441

9. Name and Address of New Registered Agent

Name **Jill Newman, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
10 Fairway Drive, Suite 204
Suite, Apt. #, Etc.
City **Deerfield Beach** State **FL** Zip Code **33441**

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

Jill Newman
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:

Jill Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

Daytime Phone #

CR2E040 (7/03)

Jill B. Newman, P.A.
10 Fairway Drive, Suite 204
Deerfield Beach, Florida 33441
Phone (954) 596-2332 Fax (954) 596-2346

October 15, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The Date of our Incorporation was September 12, 2002. We were not notified or did not receive the Annual Report Form.

We want to reinstate and maintain Hallmark Title, Inc. I am enclosing a check in the amount of \$150.00 which should achieve that goal. I am hoping you will set aside the penalty figure of \$600.00 due to the lack of prior notification.

Thank you for your help,

Sincerely,



Nancy Jacobes

Enc:

ALSO, CHECK FOR \$8.75 FOR CERTIFICATE OF STATUS