

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

150

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000104597**

1. Corporation Name

ALLSTATE TITLE AND ESCROW COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 432565
MIAMI FL 33243-2565

P.O. BOX 432565
MIAMI FL 33243-2565

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

2. New Principal Office Address, If Applicable

18142 SW 97 AV

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip
33157

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

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
D	SANDLER, JEFFREY	303 NATIONAL ORANGE AVE.	OSDMAR FL 34677
D	AJABSHIR, MIKE	17891 S. DIXIE HWY	MIAMI FL 33157
D	AJABSHIR, SOHEILA	17891 S. DIXIE HWY	MIAMI FL 33157

400024440534
11/05/03--01014--005 *600.00**

10/13

8. Name and Address of Current Registered Agent

AJABSHIR, MIKE
17891 S. DIXIE HWY
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

Mike Ajabshir

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

930 Hialeah Dr

Suite, Apt. #, Etc.

#9

City

Hialeah

State

FL

Zip Code

33010

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
10/31/03

REGISTERED AGENT MUST SIGN

Date

10/31/03

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
10/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

305-218-8585

Daytime Phone #

CR2E040 (7/03)



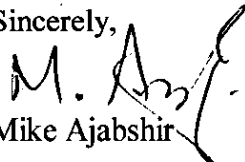
October 31, 2003

To: Division of Corporation
C/O Shon Toner, Manager
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement

Dear Mr. Toner,

Per our telephone conversation today, October 31, 2003 please see attached copy of the check #22000 dated March 17, 2003 for the amount of \$ 600.00 for the attached corporations. As I had mentioned to you on the phone I checked with my bank and the check had not cleared yet. Please accept my new check # 22146 for the same amount for reinstatement for all my corporations.

Sincerely,

Mike Ajabshir