PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				A DEPAF Secreta	ry of S		OUA PO	LED 21 AM 7:	17 TE		
DOCUMENT # P03000034751 1. Corporation Name								SECRE I TALLAH	ARY OF STA ASSEE, FLOR	ADA		
T & L TITLE CONSULTANTS, INC.									717 1 m o c			
,	el Office Addre			1	3. Mailing Office Address 19371 NW 302ND STREET				900159807009 08/21/0901032009 **/58.75 cr2E081 (12/08)			
Suite, Apt. #, etc. Suite,					ite, Apl. #, etc.				Date Incorporated or Qualified To Do Business in Florida 2003			
City & State	HOBEE,	IDA	'	City & State OKEECHOBEE, FLORIDA				5. FEI Number Applied For 200734241 Not Applied For				
Z _{IP} 34972	•		у	Zip 34972		Coun		6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED A \$8.75 Additional Fee req for a Certificate of State			
7. Name and Address of Current Registered Agent												
Name T.W. BELL								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not				
Street Address (P.O. Box Number is Not Acceptable) 19371 NW 302ND STREET												
Suite, Apt. #, Etc. OKEECHOBEE							receive	received and requesting the reinstatement fee be waived.				
City OKEEC					State Zip Code FL 34972			waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date											<i>9</i> 9	
9. Names	s and Street A	ddresses	of Each Officer	and/or Director (Florida nonp	rofit corp	orations must list at le	east 3 directors)				
Titles		Office	Name of ars and/or Director	ors	Street Address of Ea Officer and/or Direct				City / State / Zip			
PRES	T.W. BELL				19371 NW 302ND STREET				OKEECHOBEE, FLORIDA 34972			
VP	J.D. FRA	SER			19371 NW 302ND STREET				OKEECHOBEE, FLORIDA 34972			
	REINSTATEMENT											
					/	-		/4 = 0 = 1				
10. 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 contained in Chapter 119, 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: T.W. BELL 08/07/09 863-467-1500												
SIGNATURE.											hone #	