

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 1:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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01/12/06--01040--015 \*\*308.75

DOCUMENT # P030000 42964

1. Corporation Name

SIVAD TITLE SERVICES, INCORPORATED

2. Principal Office Address

P.O. BOX 547851

3. Mailing Office Address

8421 SHADY GLEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32854

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/14/03

5. FEI Number

20-4029364

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOSEPH HAYNES DAVIS

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

8421 SHADY GLEN DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

Date 1/3/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Joseph Haynes Davis	8421 SHADY GLEN DRIVE	ORLANDO, FL. 32819

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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Haynes Davis

Date

1/3/06

Daytime Phone #

409616-6961

1/3/05

To whom it May Concern -

I DID NOT RECEIVE THE DISSOLUTION NOTICES  
FROM 2004 OR 2005. PLEASE ACCEPT MY CORPORATE  
RESIGNMENT APPLICATION AND MY CHECK FOR \$308.75.



Joseph Wayne Brown  
SIVAD TITLE SERVICES  
DOCT# P030000 42964