

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000069623

1. Corporation Name

Crabtree & Fallar Title Services, Inc.

2. Principal Office Address - No P.O. Box #

8777 San Jose Blvd

Suite, Apt. #, etc.

Bldg A, Suite 200

City & State

Jacksonville, FL

Zip

32217

Country

USA

3. Mailing Office Address

8777 San Jose Blvd

Suite, Apt. #, etc.

Bldg A, Suite 200

City & State

Jacksonville, FL

Zip

32217

Country

USA

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-2003

5. FEI Number

510474703

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

R R Crabtree

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

8777 San Jose Blvd.

Suite, Apt. #, Etc.

Bldg A, Suite 200

City

Jacksonville

State

FL

Zip Code

32217

☐ 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 received and requesting the reinstatement fee be 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 4-3-07

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
D	R R Crabtree	8777 San Jose Blvd #A200	Jacksonville FL 32217
D	Scott W. Fallar	8777 San Jose Blvd #A200	Jacksonville FL 32217

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07 904-732-9701

Date

Daytime Phone #