

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 28 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD300150824

1. Corporation Name

ON CALL - ONSITE CLOSINGS, INC

2. Principal Office Address

1670 DUCHESS DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32805

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

27-0073287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

TULLIS A. LOONEY

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

1670 DUCHESS DR.

Suite, Apt. #, Etc.

City

ORLANDO,

State
FL

Zip Code

32805

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

[Signature]

Date

8/28/06

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
PRES.	<u>TULLIS LOONEY</u>	<u>1670 DUCHESS DR.</u>	<u>ORLANDO, FL 32805</u>
			<u>300079713993</u> <u>09/12/06--01023--004 **1059.75</u>

REINSTATEMENT

64-16

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

[Signature]

Date

8/28/06

Daytime Phone #

407-694-6185

M. Williams AUG 28 2006