

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000013473

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** AMERIHOMETITLE & TRUST CORPORATION

**Current Principal Place of Business:**

10627 N. KENDALL DRIVE  
MIAMI, FL 33176

**New Principal Place of Business:**

5399 NW 36 STREET  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

10627 N. KENDALL DRIVE  
MIAMI, FL 33176

**New Mailing Address:**

5399 NW 35 STREET  
MIAMI SPRINGS, FL 33166

**FEI Number:** 61-1464993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBIO, CARLOS  
20180 SW 188 STREET  
MIAMI, FL 33187 US

**Name and Address of New Registered Agent:**

CABALEIRO, SHIRLYNN  
5399 NW 36 STREET  
MIAMI SPRINGS, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHIRLYNN CABALEIRO

10/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CABALEIRO, SHIRLYNN  
Address: 15485 SW 260 STREET  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLYNN CABALEIRO

PD

10/18/2005

Electronic Signature of Signing Officer or Director

Date