

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 14 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4 0000 14274**

1. Corporation Name

Britor Title Insurance Company

2. Principal Office Address

8751 W. Broward Blvd.

3. Mailing Office Address

8751 W. Broward Blvd.

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

REINSTATEMENT

05-06

500066253835
02/21/06--01015--019 **150.00

500066253835
02/21/06--01015--017 **8.75

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 13, 2004

5. FEI Number

20-0705181

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

Steven D. Braverman

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

8751 W. Broward Blvd

Suite, Apt. #, Etc.

Suite 206

City

Plantation

State

FL

Zip Code

33324

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]

REGISTERED AGENT MUST SIGN

Date

1/31/06

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
PSD	Steven D. Braverman	3551 Fairfax Lane	DAVE, FL 33330
VPT	Karen Fletcher	3551 Fairfax Lane	DAVE, FL 33330

500066253835
02/21/06--01015--018 **750.00

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] **Steven D. Braverman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/06

Daytime Phone #

(954) 474-5988