# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 10, 2005**
**Secretary of State**

DOCUMENT# P04000037317

**Entity Name:** 1ST ADVANTAGE TITLE INSURANCE, INC.

**Current Principal Place of Business:**

7855 ARGYLE BLVD STE 404
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

7855 ARGYLE FOREST BLVD
SUITE 501
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7855 ARGYLE BLVD STE 404
JACKSONVILLE, FL 32244

**New Mailing Address:**

7855 ARGYLE FOREST BLVD
SUITE 501
JACKSONVILLE, FL 32244

**FEI Number: 20-0835768** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HIGGINBOTHAM, SAMUEL L
505 JIMBAY DR
ORANGE PARK, FL 32073 US

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

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: SAMUEL L HIGGINBOTHAM
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: DO ( ) Delete
Name: HIGGINBOTHAM, SAMUEL L
Address: 505 JIMBAY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: O ( ) Delete
Name: HIGGINBOTHAM, DEBORAH J
Address: 505 JIMBAY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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

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

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: SAMUEL L HIGGINBOTHAM DO 11/10/2005
Electronic Signature of Signing Officer or Director Date