

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 1 2PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000111451

1. Corporation Name

CIS Title of Florida Inc.

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

1019 Ft. Salonga Rd

Suite, Apt. #, etc.

103

City & State

Northport, NY

Zip

11768

Country

USA

3. Mailing Office Address

1019 Ft. Salonga Rd

Suite, Apt. #, etc.

103

City & State

Northport, NY

Zip

11768

Country

USA

800161595528
10/12/09--01008--003 **300.00

REINSTATEMENT 08-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/28/2004

5. FEI Number
201425553

☐ 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
Scott Hartinger

Street Address (P.O. Box Number is Not Acceptable)
905 N Swinton Ave.

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
11333

☒ 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

Date 10/8/2009

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
P	Dennis DeAngelis	1019 Ft. Salonga Rd., Suite 103,	Northport, NY 11768
V	Steven Yoslowitz	3405 Poplar St	Oceanside, NY 11572

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

10/8/2009

Date

631-754-8486

Daytime Phone #

(D/132)