

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140643

FILED  
Oct 08, 2007  
Secretary of State

Entity Name: A+ ABSTRACT AND TITLE COMPANY, INC.

## Current Principal Place of Business:

607 EAST OAK STREET  
ARCADIA, FL 34266

## New Principal Place of Business:

## Current Mailing Address:

607 EAST OAK STREET  
ARCADIA, FL 34266

## New Mailing Address:

FEI Number: 42-1647597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLCOTT, DIANE C  
607 EAST OAK STREET  
ARCADIA, FL 34266 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: DIANE C WOLCOTT

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: PRES ( ) Delete  
Name: WOLCOTT, DIANE C  
Address: 607 EAST OAK STREET  
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete  
Name: WOLCOTT, MD, KATHARINE E  
Address: 1696 KENNEDY PLACE, #E-4  
City-St-Zip: DUPONT, WA 96372

Title: S ( ) Delete  
Name: WOLCOTT, DIANE C  
Address: 607 EAST OAK STREET  
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete  
Name: WOLCOTT, DIANE C  
Address: 607 EAST OAK STREET  
City-St-Zip: ARCADIA, FL 34266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: WOLCOTT, DIANE C  
Address: 607 EAST OAK STREET  
City-St-Zip: ARCADIA, FL 34266

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 exemption stated in Chapter 119, 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: DIANE C WOLCOTT

Electronic Signature of Signing Officer or Director

PRES

10/08/2007

Date