

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000141060

1. Corporation Name

NEXUS TITLE COMPANY INC

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

520 NW 165 St.

Suite, Apt. #, etc.

#105

City & State

MIAMI

Zip

33169

Country

MIAMI-DATE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-17-05

5. FEI Number

20-3889664

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

Kennedy M. Thomas

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

520 NW 165 Street #105

Suite, Apt. #, Etc.

#105

City

MIAMI

State

FL

Zip Code

33167

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-25-07

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 |
|----------|--------------------------------------|---------------------------------------------------|--------------------|
| Director | Kennedy M. Thomas | 520 NW 165 Street MIAMI, FL 33167 | MIAMI, FL 33167 |
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-07

Date

Daytime Phone #

FILED

07 SEP 28 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200110064652
09/28/07--01060--011 **\$900.00

REINSTATEMENT 06-07

CR2E081 (1/07)