PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 14 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180890628
05/14/10--01009--017 **450.00

CR2E081 (12/07)

DOCUMENT # P06000122125

1. Corporation Name
FIRST ACTION TITLE COMPANY CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17650 SW 7 St	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Fl	City & State
Zip: 33029 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/2006

5. FEI Number: 27-2549846 ☐ 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: Barbara Kline
Street Address (P.O. Box Number is Not Acceptable): 1034 Bluewood Terrace
Suite, Apt. #, Etc.:
City: Weston State: FL Zip Code: 33327

☑ 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: Barbara Kline Date: 5/12/10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Barbara Kline	17650 SW 7 Street	Pembroke Pines, FL 33029
VP	Roberto Corvo-Bequer	6631 W. Wedgewood Ave	Davie, FL 33331
	REINSTATEMENT RH		

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.

954 330

SIGNATURE: Barbara Kline Barbara Kline 5/12/10 9122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #