

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 FEB 22 PM 4:26

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P07000023748

1. Corporation Name

Premier Select Title Services, Inc.

900168548139
02/23/10--01020--002 **150.00

900168548139
02/11/10--01032--010 **300.00

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

5230-2 Clayton Court

Suite, Apt. #, etc.

3. Mailing Office Address

5230-2 Clayton Court

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33907

Country

US

Zip

33907

Country

US

REINSTATEMENT 08-10
CR2E081 (4/1/09)

4. Date Incorporated or Qualified
To Do Business in Florida

February 22, 2007

5. FEI Number

20-8512181

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

Jack Pankow

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

5230-2 Clayton Court

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

☒ 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

REGISTERED AGENT MUST SIGN

Date 02/10/10

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,S	Jack Pankow	5230-2 Clayton Court	Fort Myers, FL 33907

**M. MILLIGAN
EXAMINER**

FEB 23 2010

10. E-mail Address: jpankow1@earthlink.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

President

2/10/10

239-334-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #