

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P11891

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY

Principal Place of Business

Mailing Address

17911 VON KARMAN
SUITE 300
IRVINE CA ~~92714~~
US

17911 VON KARMAN
SUITE 300
IRVINE CA ~~92714~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, Etc.

City & State

Zip

Country

Zip

92614

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1986

5. FEI Number

86-0417131

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DCEO	FOLEY, WILLIAM P. II	17911 VON KARMAN, STE. 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
DEVP	WILLEY, FRANK P.	17911 VON KARMAN, STE. 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
DI	STONE, PATRICK F.	3938 STATE STREET, 2ND FLOOR	SANAT BARBARA CA
VTD CFO/T	STRUNK, CARL A. STINSON, ALAN L.	17911 VON KARMAN, STE. 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
D	QUIRK, RAYMOND R.	3938 STATE STREET, 2ND FLOOR	SANTA BARBARA CA
S	M'LISS JONES KANE	17911 VON KARMAN STE 300	IRVINE CA

8. Name and Address of Current Registered Agent

~~THE FLORIDA INSURANCE COMMISSIONER~~
~~THE CAPITOL BUILDING~~
~~TALLAHASSEE FL 32301~~

9. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

500002733605-1

City PLANTATION

****750

State FL

****38564.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] D.F. Hickey, Asst. Secy.

Date 12-8-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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
M'LISS JONES KANE, SECRETARY

12/09/98

Date

(949) 622-4326

Daytime Phone #

FILED

98 DEC 29 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/98)