

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 29 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1986

Suite, Apt. #, Etc.

City & State

Zip

Country

Zip

92614

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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

9. Name and Address of New Registered Agent

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

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

Zip 33504 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.
REGISTERED AGENT MUST SIGN

Date 12-8-98

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

Date 12/09/98

(949) 622-4326

Date

Daytime Phone #

CR2E040 (9/98)