

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Tandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 19 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16989

1. Corporation Name

Universal Title and Financial Corporation

Principal Place of Business

Mailing Address

7777 Washington Avenue South
Edina, MN 55439

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

2. New Principal Office Address, If Applicable NA		3. New Mailing Office Address, If Applicable NA		4. Date Incorporated or Qualified To Do Business in Florida 07/20/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 41-1502177	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Melville R. Bois	7777 Washington Avenue South	Edina, MN 55439
			100002667351-6 -10/19/98-01122-008 ****17.25 *****8.50
			100002667351-6 -10/19/98-01122-009 ***1650.00 ***1650.00
			REINSTATEMENT 92-98 acc cus

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Florida Incorporators, Inc.
1221 Brickell Avenue, #900
Miami, FL 33131

Name	NA
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

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 By: Mark Hankins Mark Hankins, President
REGISTERED AGENT MUST SIGN

Date 10/1/98

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(612) 829-0899