

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 26 AM 9:29

DOCUMENT # P92000012629

1. Corporation Name

U.S. Title & Escrow of North Florida, Inc.

REINSTATEMENT

96-00

2. Principal Office Address

9735-11 Old St. Augustine Rd. same

Suite, Apt. #, etc.

11

City & State

Jacksonville

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

32257

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1992

5. FEI Number

59-3161106

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

John H. Gullett, II

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

973 Sandstone Drive

Suite, Apt. #, Etc.

100003344011-5

-03/02/00--01064--015

***1350.00 ***1350.00

City

Orange Park,

State

FL

Zip Code

32065

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 May 25, 2000

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	John H. Gullett, II	973 Sandstone Drive	Orange Park, FL 32065
D	John H. Gullett, SR.	929 Longridge Court	Orange Park, FL 32065
			AD

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

525-2000

904-262-6400