


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 MAY 29 AM 11:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000023386
 1. Corporation Name
SELECT TITLE SERVICE, INC.

500005754045--7
 -06/11/02--01095--007
 *****8.75 *****8.75
 500005754045--7
 -06/11/02--01095--006
 ****300.00 ****300.00

2. Principal Office Address <u>13155 SW 42 ST</u>		3. Mailing Office Address <u>13155 SW 42 ST</u>	
Suite, Apt. #, etc. <u>SUITE 201</u>		Suite, Apt. #, etc. <u>SUITE 201</u>	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33175</u>	Country <u>US</u>	Zip <u>33175</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida 3/28/94

5. FEI Number 65-0478101 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 RONALD G. KLEIN

Street Address (P.O. Box Number is Not Acceptable)
4340 SHERIDAN ST

Suite, Apt. #, Etc.
SUITE 102

City HOUSTON State FL Zip Code 33021

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 [Signature] Date 5/28/02

REGISTERED AGENT MUST SIGN

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
PP	RONALD G KLEIN	4340 SHERIDAN ST #102	HOUSTON, FL 33021
UP/D	EDUARDO SANFOMAN	13155 SW 42 ST #201	MIAMI, FL 33175
			201.25 - AR
			10.00 - AR ARTS
			88.75 - AR SUPP
			01-02

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] Date 5/28/02 Daytime Phone # 954-986-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (9/01)