

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 MAR 31 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **994000050456**

1. Corporation Name

American National Title Services, Inc.

Principal Place of Business

Mailing Address

**122-S.-Howard-Avenue  
Tampa, Florida-33606**

**122-S.-Howard-Avenue  
Tampa, Florida-33606**

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

2. New Principal Office Address, If Applicable  
**18167 US Hwy. 19 North**

3. New Mailing Office Address, If Applicable  
**18167 US Hwy. 19 North**

4. Date Incorporated or Qualified  
To Do Business in Florida **07/05/94**

Suite, Apt. #, etc.  
**Suite 150**

Suite, Apt. #, etc.  
**Suite 150**

5. FEI Number  
**59-3252988**

Applied For  
Not Applicable

City & State  
**Clearwater, Florida**

City & State  
**Clearwater, Florida**

Zip  
**34624**

Country  
**USA**

Zip  
**34624**

Country  
**USA**

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
Dir.	Sandip I. Patel	18167 US Hwy. 19 North	Clearwater, Florida 34624
Dir.	Patrick M. O'Connor	18167 US Hwy. 19 North	Clearwater, Florida 34624
			500002130705--B -04/01/97--01110--001 ***\$15.00 ***\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Sandip I. Patel, Esquire  
18167 US Hwy. 19 North, Suite 150  
Clearwater, Florida 34624

9. Name and Address of New Registered Agent

Name

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

*Sandip I. Patel*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandip I. Patel*

Date

Daytime Phone #

3/26/97 813/ 539-6800