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
96 NOV -7 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008699

1. Corporation Name
SOUTH COAST TITLE, INC.

Principal Place of Business	Mailing Address
~~554 CORAL CT #302~~ ~~FT WALTON BEACH FL 32548~~	~~554 CORAL CT #302~~ ~~FT WALTON BEACH FL 32548~~

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 324 N. Eglin Parkway	Suite, Apt. #, etc.: 324 N. Eglin Parkway
City & State: Fort Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32548 Country: USA	Zip: 32548 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1995

5. FEI Number: 59-3291024 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LOYLESS, P. EDWARD	554 CORAL CT #302	FT WALTON BEACH FL 32548

500002005145--9
~~11/14/96--01106--008~~
****375.00 ****375.00

JB 11-12-96

8. Name and Address of Current Registered Agent

SAXER, CHRISTOPHER P
25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

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: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 5 November 96

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: [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96
Date

(904) 863-3566
Daytime Phone #

CR2E080 (7/96)