

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 AM 10:23

DOCUMENT # P95000038682

1. Corporation Name

MIKESTONE TITLE & ESCROW,  
INC.

2. Principal Office Address

2499 GWADES RD, #112

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431

Country

3. Mailing Office Address

2499 GWADES RD, #112

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

Country

**REINSTATEMENT** 99-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5/16/1995

5. FEI Number

65-0580290

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

GERALD SCHILIAN

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

2499 GWADES RD

Suite, Apt. #, Etc.

#112

City

BOCA RATON, FL

State

FL

Zip Code

33431

300037048293

05/24/04--01088--016 \*\*1500.00

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]

REGISTERED AGENT MUST SIGN

Date

5/8/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P      | GERALD SCHILIAN                      | 2499 GWADES RD, #112                              | BOCA RATON, FL 33431 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/04

Date

Daytime Phone #

CR2081 (01/04)