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 DEC 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040945

1 Corporation Name

TITLE PARTNERS OF AMERICA, INC.

Principal Place of Business
~~7010 S. TAMIAMI TRAIL SUITE~~ B
~~SARASOTA FL 34243~~
1715 N. WESTSHORE BLVD
#150 TAMPA, FL 33607

Mailing Address
~~7010 S. TAMIAMI TRAIL SUITE~~ B
~~SARASOTA FL 34243~~

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

REINSTATEMENT

2. New Principal Office Address, If Applicable: 1715 N. WESTSHORE BLVD
Suite, Apt. #, etc.: 150
City & State: TAMPA, FL
Zip: 33607 Country: U.S.

3. New Mailing Office Address, If Applicable: 1715 N. WESTSHORE BLVD
Suite, Apt. #, etc.: 150
City & State: TAMPA FL
Zip: 33607 Country: U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 05/22/1995

5. FEI Number: 65-0586007 — Applied For / Not Applicable

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)

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
PRES + DIR	ALAN S. GREBER	1715 N. WESTSHORE BLVD #150 TAMPA, FL 33607	TAMPA, FL 33607
V.P. + DIR	HOWARD M. GREBER	1715 N. WESTSHORE BLVD #150 TAMPA, FL 33607	TAMPA, FL 33607
			600002046126--9 -01/03/97--01183--008 ****383.75 ****383.75
			JB 12-30-96

8. Name and Address of Current Registered Agent
GREBER, ALAN S
3008 FAIR OAKS AVENUE
TAMPA FL 33811

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: Alan S Greber SIGNATURE REQUIRED — Date: 12/17/96
REGISTERED AGENT MUST SIGN

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: Alan S Greber SIGNATURE REQUIRED, PRESIDENT — Date: 12/17/96 — Daytime Phone # 813-282-8414
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN S. GREBER, PRESIDENT

CR2E040 (7/96)

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