

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000045088

1. Corporation Name

NATIONS TITLE CORPORATION

Principal Place of Business

19 W FLAGLER ST
SUITE 416
MIAMI FL 33130
US

Mailing Address

19 W FLAGLER ST
SUITE 416
MIAMI FL 33130
US

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

2. New Principal Office Address, if Applicable

2666 Tigertail Avenue

Suite, Apt. #, etc.

Suite 101

City & State

Coconut Grove, Fl.

Zip

33133

US

3. New Mailing Office Address, if Applicable

2666 Tigertail Avenue

Suite, Apt. #, etc.

Suite 101

City & State

Coconut Grove, Fl.

Zip

33133

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1995

5. FEI Number

65-0616430

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	MARCUS, SCOTT A	19 W FLAGLER ST., SUITE 416	MIAMI FL
VPT	MARCUS, SCOTT A	19 W FLAGLER ST., SUITE 416	MIAMI FL

100002695941--0
-11/24/98--01095--032
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARCUS, SCOTT A
19 W FLAGLER ST
SUITE 416
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

SCOTT A. MARCUS

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

2666 Tigertail Avenue

Suite, Apt. #, Etc.

City

Suite 101

State

FL

Zip Code

33133

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

SCOTT A. MARCUS
REGISTERED AGENT MUST SIGN

Date November 17, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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:

SCOTT A. MARCUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 17, 1998 305-860-6161

CR2E040 (6/98)