

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PH 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053665

1. Corporation Name

COUNTYLINE TITLE GROUP, INC

2. Principal Office Address

6030 Hollywood Blvd

Suite, Apt. #, etc.

110

City & State

Hollywood, FL

Zip

33024

Country

USA

3. Mailing Office Address

6030 Hollywood Blvd

Suite, Apt. #, etc.

110

City & State

Hollywood, FL

Zip

33024

Country

USA

RECEIVED
FEB 11 2004

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/1995

5. FEI Number

650595297

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

Christopher D. Patterson

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

6030 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 110

City

Hollywood

State

FL

Zip Code

33024

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

Christopher D. Patterson

Date

10/01/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S D, T	Christopher D. Patterson	6030 Hollywood Blvd, #110	Hollywood FL 33024

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:

Christopher D. Patterson

Christopher Patterson

9/30/03

(954)
966-3373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)