

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

92 APR -6 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076428

1. Corporation Name

FIDELITY NATIONAL TITLE AGENCY OF PALM BEACH, I
NC.

Principal Place of Business

2290 10TH AVENUE, NORTH
SUITE 302
LAKE WORTH FL 33461

Mailing Address

17911 VON KARMAN AVENUE
SUITE 300
IRVINE CA 92614

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

REINSTATEMENT

98
ad

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1995

5. FEI Number

65-0637713

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| DCOB | FOLEY, WILLIAM P II | 17911 VON KARMAN, SUITE 500 | IRVINE CA |
| D | STONE, PATRICK F | 17911 VON KARMAN, SUITE 500 | IRVINE CA |
| D | MAUDSLEY, RONALD | 17911 VON KARMAN, SUITE 500 | IRVINE CA |
| VP, Sec. | M'Liss Jones Kane | 17911 Von Karman Ave., #300, Irvine, CA | 92614 |
| | | | |
| | | | |
| | | | |

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name N/A

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

M'Liss Jones Kane, Asst. Secy.

Date 3-4-99

REGISTERED AGENT MUST SIGN

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)(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:

M'Liss Jones Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

(949) 622-4333

Daytime Phone #

CR2E040 (9/98)