

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000091336**

1. Corporation Name

**HOMEOWNER'S TITLE SERVICES, INC.**

Principal Place of Business

Mailing Address

8095 NW 12TH ST  
STE 105  
MIAMI FL 33126

8095 NW 12TH ST  
STE 105  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0631966

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PSTD	VEGA, SOLEDAD	8095 N.W. 12TH STREET	MIAMI FL 33126
VD	GASTESI, RAUL	8095 N.W. 12TH STREET	MIAMI FL 33126

800023829528  
10/15/03--01076--007 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASTESI, RAUL JR.  
15600 N.W. 67 AVENUE #308  
MIAMI LAKES FL 33014

Name  
**GASTESI, RAUL JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8105 NW 155 STREET**  
Suite, Apt. #, Etc.

City  
**MIAMI LAKES**  
State  
**FL**  
Zip Code  
**33016**

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

Daytime Phone #