

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 # P96000014699

1. Corporation Name

PLANTATION TITLE & ESCROW, INC.

Principal Place of Business  
7471 W. OAKLAND PARK BLVD.  
SUITE 110  
FT. LAUDERDALE FL 33319

Mailing Address  
7471 W. OAKLAND PARK BLVD.  
SUITE 110 -  
FT. LAUDERDALE FL 33319

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

2. New Principal Office Address, if Applicable

7515 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

SUITE #103

City & State

FT. LAUDERDALE FL

Zip

33319

Country

USA

3. New Mailing Office Address, if Applicable

7515 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

SUITE #103

City & State

FT. LAUDERDALE FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/1996

5. FEI Number

65-0648203

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
PRESIDENT	JAMES L. SOULE	20511 SW 49 CT FT LAUDERDALE, FL. 33332	FT LAUDERDALE, FL. 33319
V.P.	ELIANA LEAL	7515 W. OAKLAND PARK BLVD	FT LAUDERDALE, FL. 33319

100002391011-2  
-01/06/98--01106--017  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

SOULE, JAMES L  
7471 W. OAKLAND PARK BLVD.  
SUITE 110  
FT. LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name

JAMES L. SOULE

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

7515 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

#103

City

Fort Lauderdale

State

FL

Zip Code

33319

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

*James L. Soule*

REGISTERED AGENT MUST SIGN

Date 12/27/97

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:

*James L. Soule*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/97 (954) 572-2121

Date

Daytime Phone #

CR2E040 (8/97)