

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

02 FEB 26 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000055600

**1. Corporation Name**

FIRST TITLE OF AMERICA, INC.

**2. Principal Office Address**

585 TECHNOLOGY PK. DR.

Suite, Apt. #, etc.

SUITE #105

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

**3. Mailing Office Address**

585 TECHNOLOGY PK. DR.

Suite, Apt. #, etc.

SUITE #105

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

500005109075--6

-03/15/02--01004--008

\*\*\*\*300.00 \*\*\*\*300.00

**4. Date Incorporated or Qualified  
To Do Business In Florida**

07/01/1996

**5. FEI Number**

59-3389706

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

BRUCE NAPOLITANO

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

105 SQUIRREL TRAIL

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

**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

REGISTERED AGENT MUST SIGN

Date

**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/D	BRUCE NAPOLITANO	105 SQUIRREL TRAIL	LONGWOOD, FL 32779
S/T/D	KENT RICHTER	222 MAGNOLIA CIRCLE	EUSTIS, FL 32726

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/02

Daytime Phone #

407-333-2323

CR2E081 (9/01)



***First Title of America, Inc. dba All Florida Title***

***585 Technology Park Drive Suite 105***

***Lake Mary Florida, 32746***

***Phone (407) 333-2323***

***Fax (407) 333-3280***

***E-mail- [allfloridatitle@aol.com](mailto:allfloridatitle@aol.com)***

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***Date: February 20, 2002***

***To: Division of Corporations***

***Due to an error in our mailing address, the annual report was not received by First Title of America, Inc. for the years 2001 and 2002. This has caused our company to be shown as dissolved when in fact we were not dissolved and hope this letter clears up any mix-ups regarding our change of address and the status of our company. Enclosed is a check for \$300.00 to cover the 2001 and 2002 filing fees. Please make the necessary changes to our address so we can avoid this problem in the future and if you have any questions, please call me at our toll free number (888)978-4853. Thank you.***

  
***Timothy W. Spicer / Asst. Manager***  
***First Title of America, Inc. dba All***  
***Florida Title***