

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 # P96000056807

1. Corporation Name

ENTERPRISE TITLE OF CENTRAL FLORIDA, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~668 NORTH ORANGE AVENUE SUITE 1007
MAITLAND FL 32751~~

~~668 NORTH ORANGE AVENUE SUITE 1007
MAITLAND FL 32751~~



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

2. New Principal Office Address, If Applicable
668 N. Orlando Avenue

3. New Mailing Office Address, If Applicable
Same as #2

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1996

Suite, Apt. #, etc.
Suite 1007

Suite, Apt. #, etc.

5. FEI Number
59-3391771

Applied For
Not Applicable

City & State
Maitland, Florida

City & State

Zip
32751

Country
USA

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)

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
D	TREADWAY, LAURA L	668 NORTH ORANGE AVENUE SUITE 1007 668 N ORLANDO AVE, S#1007	MAITLAND FL 32751

300002348143-2
-11/14/97-01112-018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~888 CORPORATE SERVICES OF CENTRAL FLORIDA
668 NORTH ORANGE AVENUE
SUITE 1007
ORLANDO FL 32751~~

Name

Laura L. Treadway

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

668 North Orlando Avenue

Suite, Apt. #, Etc.

Suite 1007

City

Maitland

State
FL

Zip Code
32751

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.

Laura L. Treadway
REGISTERED AGENT MUST SIGN

Date **11/7/97**

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)(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.

Laura L. Treadway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97 (407) 647-2772
Date Daytime Phone #

CR20040 (8/97)