

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 27 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067412

1. Corporation Name

ALLIANCE TITLE OF AMERICA, INC.

Principal Place of Business

3030 N. ROCKY POINT DRIVE WEST
SUITE 400
TAMPA FL 33607
US

Mailing Address

3030 N. ROCKY POINT DRIVE WEST
SUITE 400
TAMPA FL 33607
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1996

5. FEI Number

65-0685696

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DOT	CAREVICH, GARY	2967 WILDERNESS BOULEVARD, EAST	PARRISH FL 34219
DOS	HENDRICKSON, ROBERT W III	5907 FLOTILLA DRIVE	HOLMES BEACH FL 34217
DOV	THOMAS, KEVIN D	536 LAKE COMO CIR	ORLANDO FL 32803
DOP	Hickman, Harold	3401 Cypress St. West	Tampa, FL 33607
D	CAREVICH, GARY	2967 WILDERNESS BLVD. EAST	PARRISH FL 34219
D	STEVENSON, DONNA	4965 CASTAYLES ROAD	PENSACOLA FL 32504
DOP	FLAVIN, BARRY	1479 RIVERDALE DRIVE	OLDSMAR FL 34077

8. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER, DFS
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300024167278
10/27/03--01062--018 **150.00

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. or 617.0505, F.S.

DFS, Florida (Insurance Dept.)

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #

10-21-03

office
900-606-9637

CR2E040 (7/03)



Alliance

TITLE OF AMERICA, INC.

October 19, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of Alliance Title of America, Inc. 65-0685696

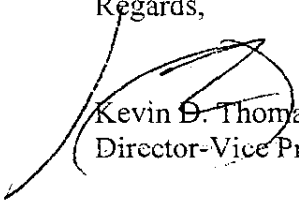
Dear Division of Corporations Representative:

Please accept this letter as notice that my company did not receive any prior uniform business report notices and invoices although the address that is shown on the October 2003 invoice was correct.

Please reinstate my company, Alliance Title of America, Inc. I have included the proper payment of \$150.00 that is required.

If you should have any questions, please feel free to contact me at 800-606-9637.

Regards,



Kevin D. Thomas
Director-Vice President