


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAR 29 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075382

1. Corporation Name

Capital Title Services, Inc.

2. Principal Office Address

13499 Biscayne Blvd
Tower Suite Three

3. Mailing Office Address

P.O. Box 611418

City & State

N. Miami, Florida

City & State

N. Miami, Florida

Zip

33181

Country

USA

Zip

33261

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-96

5. FEI Number

1050693104

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

Bonnie Madon

100005195641--4

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

13499 Biscayne Blvd.

04/05/02-0105

004

Suite, Apt. #, Etc.

Tower Suite Three

***300.00

***300.00

City

N. Miami

State

FL

Zip Code

33181

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

Bonnie Madon

Date 3/28/02

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>Bonnie Madon</u>	<u>13499 Biscayne Blvd #TS3</u>	<u>N. Miami, FL 33181</u>

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:

Bonnie Madon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

3058459988

Daytime Phone #

CR2001 (9/01)

503111

March 28, 2002

Department of State
Division of Corporations



Re: Reinstatement

Dear Sir or Madam:

This letter shall serve to confirm that as per my conversation with your office any penalties shall be waived for reinstatement due to that fact I never received any renewal forms, as per your input information on your database. Therefore I am enclosing \$300.00 the amount as per your office to pay for the years 2001 and 2002.

Thank you for your cooperation in this matter.

Sincerely,


Bonnie Madow
President



ACCOUNT NO. : 072100000032

REFERENCE : 503111 7127212

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 29, 2002

ORDER TIME : 11:18 AM

ORDER NO. : 503111-005

CUSTOMER NO: 7127212

CUSTOMER: Ms. Bonnie Madow
Capital Title Services, Inc.
Tower Suite Three
13499 Biscayne Boulevard
Miami, FL 33181

DOMESTIC FILINGS

NAME: CAPITAL TITLE SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
02 MAR 29 PM 12:13
DIVISION OF CORPORATION