| 1. Corporation Name American Realty Title Agency Inc. Doc# P96000084746 2. Principal Office Address 31564 US 19 North Suite, Apt. #, etc. City & State Palm Harbor Zip 34684 Country Coun | CORPO REINSTA | | | | | DEPAR Katherii Secretar | ne Har y of St | ris äte | TATE | | | 01 AL | | PM 4: 0 | 7 |
|---|---|-------------------|---------------------|-------------------------------|---|--|--------------------|----------------------------|---------------------|--|--------------------------|--------------|----------------|--------------|----|
| 2. Principal Office Address 31564 US 19 North Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Palm Harbor Zip 34684 US Address of Country 37. Name and Address of Current Registered Agent Name Michael J. Gu.ju Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North Street Address (P.O. Box Number is Not Acceptable) FL 34684 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 City & State Addresses of Each Officer and/or Director Street Addresses of Each Officer and/or Director Street Addresses of Each Officer and/or Director Officers and/or Directors Of | | | # | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| 31564 US 19 North Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida Country S. FEI Number 38 - 33 568 Not Applied F Not Applied Name Mi Chael J. Guju Street Address of Current Registered Agent Name Mi Chael J. Guju Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North \$\frac{\text{state}}{\text{state}} \frac{\text{State}}{\text{state}} \ | Ame Doc | rica :# P9 | n R | ealty Tit 0084746 | le Age | ncy Ir | nc. | | | | | • | | | |
| 31564 US 19 North Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida To Do Business in Florida Country S. FEI Number 38 - 37 5688 Applied F North Name Mi Chael J. Guju Street Address of Current Registered Agent Name Mi Chael J. Guju Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North \$\frac{\text{state}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{State}}{\text{spite}} \frac{\text{spite}}{\text{spite}} \frac{\text{spite} | 2. Principal Office Address 3. Mailing Office Address | | | | | | | | | | | | | | |
| City & State Palm Harbor Zip 34684 Country 3 4684 Country To Country Coun | · | | | | | • | | | | · | | | | • | |
| City & State Palm Harbor Zip Country 34684 Country To Do Business in Floridia Cotto Bez 14, 2ec Applied F Not Applied Street Address of Country Street Address of Current Registered Agent Name Michael J. Guiu Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North State April ##1050.00 ****** FL 34684 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 PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | Suite, Apt. # | Suite, Apt. #, etc. | | | | | | | | | | | | |
| Security | | <u></u> | | | | | | | | r Qualified | ~~~ | ۱۷-۶ | 1 024 | | |
| Palm Harbor 38-33 S688 Not Applied | City & State | | City & State | | | | | | | 0 | CIOBE | | | | |
| 7. Name and Address of Current Registered Agent Name | | | | | · | | | | | | | 88 | | | |
| Name Michael J. Guju Street Address (P.O. Box Number is Not Acceptable) -08/30/0101070006 31564 US 19 North \$\frac{\text{state}}{\text{suite}}\$ \ \text{Apt. #, Etc.} \$\frac{\text{city}}{\text{Palm Harbor}}\$ \ \text{Address of Each Officer and/or Directors} \ \text{Tides Officer and/or Directors} \ \text{Directors} \ \text{Street Address of Each Officer and/or Directors} \ \text{Directors} Dire | | | | | Zip | | Countr | у | • | | E OF STAT | US DESIRED | | | |
| Michael J. Guju Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North State State Zip Code FL 34684 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 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | | | | 7. 1 | Name and A | ddress o | of Current I | Register | ed Agent | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 31564 US 19 North ****1050.00 *****1050.00 *****1050.00 *****1050.00 ******1050.00 ****1050.00 *****1050.00 ***1050.00 ***10 | NE | | | . 1 1 0 | | | | | | | | | | | |
| 31564 US 19 North Suite, Apt. #, Etc. (city Palm Harbor State Zip Code FL 34684 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 Aug 24, 200 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | Str | | | | | | | | | | | | -4 | | |
| State Zip Code Palm Harbor 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | 31564 US 19 North | | | | | | | | | ***1050,00 ***10 0.00 | | | | |
| Palm Harbor State Zip Code 34684 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 Palm Harbor, FL 3468 PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | | , Etc. | | | | | | | | | | | 1 | |
| 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 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 / Zlp PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | (A) | ty | Hart | oor | | | -, ., . | | | | | | | | |
| PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | | | | ve named corpo | oration, am fa | amiliar wi | th and acce | pt the ob | ligations of secti | on 607.05 | 505 or 617.0 | 503, F.S. | | |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | | · | ~ | MO R | SISTERED AG | . A + N | SIGN (| person a | کا ہے | · | Date | Aug | 24,20 | ן טיי | |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | 9. Names and S | Street Add | iresses | of Each Officer and | Var Director (Fig | orida nonpro | fit corpor | ations must | list at lea | ast 3 directors) | | | | | |
| PD Michael J. Guju 31564 US Hwy. 19 North Palm Harbor, FL 3468 | Titles | | Officer | Name of s and/or Directors | | | Str | eet Address icer and/or | of Each Director | | | C | City / State / | Zip | |
| REMSTATEMENT 99-01 | - 1 | Michael J. Guju | | | 3 (-2 | 31564 US Hwy. 19 | | | 19 | North Palm Harbor, FL 346 | | | | | 84 |
| nensialement 99-01 % | | | | | . ************************************* | ************************************** | A plans on | | | | | | | | |
| | | | | | n n | Cit Vi | A | IEW | EN | 199- | 0 |) 🎉 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 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 filling this relinstatement 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 fee | | | | | | | | | | | | | | | |