

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089076

1. Corporation Name UNITED TITLE LOANS, INC.

Principal Place of Business

Mailing Address

160 N. MILITARY TRAIL
WEST PALM BEACH, FL
33415

160 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

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

REINSTATEMENT

9940

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 29, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

Applied For

65-0704936

Not Applicable

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	ALEXANDER G. KAMMER	160 N. MILITARY TRAIL	WEST PALM BEACH, FL 33415
V	BENJAMIN GOLFOND	6830 TOWN HARBOUR BLVD. # 3522	BOCA RATON, FL 33433
			400003144974--3 -02/23/00--01083--012 ****758.75 ****758.75
			400003144974--3 -02/23/00--01083--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

Benjamin Golfond
6830 TOWN HARBOUR BLVD.
3522
BOCA RATON, FL 33433

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.

Signature of
Registered Agent

Benjamin Golfond

REGISTERED AGENT MUST SIGN

Date 1/10/00

11. This corporation owes 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.

SIGNATURE:

Benjamin Golfond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21081 (12/96)