

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 17 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000100886*

1. Corporation Name

ALLSTATE TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

*2655 Lejeune Rd.
#918*

*2655 Lejeune Rd.
#918*

Coral Gables, Fl. 33134 Coral Gables, Fl. 33134

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

2. New Principal Office Address, If Applicable

2655 Lejeune Rd.

3. New Mailing Office Address, If Applicable

2655 Lejeune Rd.

Suite, Apt. #, etc.

#918

Suite, Apt. #, etc.

#918

City & State

Coral Gables, Florida

City & State

Coral Gables, Fl.

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-96

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>P</i>	<i>Zoraida C. Santos</i>	<i>2655 Lejeune Rd. #918 Coral Gables, Fl. 33134</i>	

~~3000002462549--4~~
-03/19/98--01109--004
****300.00 ****300.00

8. Name and Address of Current Registered Agent

*Zoraida C. Santos
2655 Lejeune Rd.
#918
Coral Gables, Fl. 33134*

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Z. Santos

REGISTERED AGENT MUST SIGN

Date *3-11-98*

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.

SIGNATURE:

Z. Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-98

Date

305-442-4060

Daytime Phone #

CR2E040 (1/96)