

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

**FILED**

99 JAN 15 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000000886**  
1. Corporation Name  
**ALLSTATE TITLE SERVICES, INC.**

Principal Place of Business Mailing Address  
**11890 SW 8 STREET  
PENTHOUSE # 5  
MIAMI, FLORIDA 33184**

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

2. New Principal Office Address, If Applicable  
**11890 SW 8 STREET**  
Suite, Apt. #, etc.  
**PENTHOUSE 5**  
City & State  
**MIAMI, FL. 3**  
Zip  
**33184** Country

3. New Mailing Office Address, If Applicable  
**11890 SW 8 STREET**  
Suite, Apt. #, etc.  
**PENTHOUSE 5**  
City & State  
**MIAMI, FL.**  
Zip  
**33184** Country

4. Date Incorporated or Qualified To Do Business in Florida  
**12-13-96**

5. FEI Number  
**65-0725843** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>PRV/D</b>	<b>ZORAIDA C. SANTOS</b>	<b>11890 SW 8 STREET PH-5 MIAMI, FL. 33184</b>	<b>MIAMI, FL. 33184</b>

**600002749326--5**  
**-01/21/99--01038--024**  
**\*\*\*158.75 \*\*\*158.75**

**B 1/15/99 99AR**

8. Name and Address of Current Registered Agent

**Zoraida C. Santos**  
**11890 SW 8 STREET PH-5**  
**MIAMI, FL. 33184**

9. Name and Address of New Registered Agent

Name  
**Zoraida C. Santos**  
Street Address (P.O. Box Number is Not Acceptable)  
**11890 SW 8 STREET PH-5**  
Suite, Apt. #, Etc.  
**MIAMI**  
City  
**FL** State Zip Code  
**33184**

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 **Zoraida C. Santos**  
REGISTERED AGENT MUST SIGN

Date **1-11-99**

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: **Zoraida C. Santos, President** Date **1-11-99** Daytime Phone # **305-552-9111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)