

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000044972

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** INDEPENDENT TITLE & ESCROW CLOSINGS, INC.

**Current Principal Place of Business:**

2187 SIESTA DR.  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2187 SIESTA DR.  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 65-0755545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODGERS, RENATE WINTER  
4195 S. SHADE AVE.  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** RENATE RODGERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** RODGERS, RENATE W  
**Address:** 4195 S. SHADE AVE.  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** D  
**Name:** RODGERS, RENATE W  
**Address:** 4195 S. SHADE AVE.  
**City-St-Zip:** SARASOTA, FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RENATE RODGERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS

09/30/2010

\_\_\_\_\_  
Date