

APPLICATION  
FOR  
REINSTATEMENT  
FOR

FLORIDA DEPARTMENT OF STATE  
~~Jim Smith~~  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
**APPROVED  
AND  
FILED**

98 OCT 30 PM 4: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 997000060880

Florida Coast Title Corp

PO Box 480277

Ft Lauderdale FL 33348-0277

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

700002678647--8

City and State

11/03/98 01023-002

\*\*\*750.00 \*\*\*750.00

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

July 9, 1997

4. FEI Number

☒ FEI Number Applied For  
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D/P/S/T	William J. McPharlin	1800 S. Ocean Blvd #112	Pompano Beach FL 33062

**REINSTATEMENT 98**

10/30

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

William J. McPharlin  
1800 S. Ocean Blvd #112  
Pompano Beach FL 33062

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

8. 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

Date 10-29-98

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

Date 10-29-98

Phone # (954) 781-4998

Typed or printed name of signing officer or director. William J. McPharlin

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee  
required for a  
Certificate of Status