

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000063585**

1. Corporation Name

GUARDIAN TITLE, INC.

Principal Place of Business

Mailing Address

1976 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

1976 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406



300023890933
10/17/03--01032--022 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0769479

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	EZZES, HENRY	1976 SOUTH CONGRESS AVENUE	WEST PALM BEACH FL 33406
STD	EZZES, HAROLD	1976 SOUTH CONGRESS AVENUE	WEST PALM BEACH FL 33406

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EZZES, HENRY
1976 S CONGRESS AV
WEST PALM BEACH FL 33406

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03

CR2E040 (7/03)

2062

GUARDIAN TITLE INC.

1976 South Congress Avenue
West Palm Beach, Fl. 33406
(561)964-1865 fax: (561)964-7970

October 15, 2003

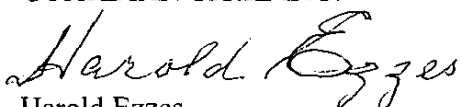
Florida Department of State
Division of Corporations
P.O. Box 9327
Tallahassee, Fl. 32314-6327

Gentlemen:

This is the first time, since I founded Guardian Title in 1947 that I failed to receive my bill from your office.

Sincerely,

GUARDIAN TITLE INC.



Harold Ezzes
Vice President & Secretary
dmj/HE
Encl.