

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000073015

1. Corporation Name

FAULKNER TITLE CORPORATION

Principal Place of Business

920 W. FLETCHER AVE.  
STE 410  
TAMPA FL 33613  
US

Mailing Address

920 W. FLETCHER AVE.  
STE 110  
TAMPA FL 33612  
US

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

2. New Principal Office Address, If Applicable

2909 W. HAWTHORNE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1997

5. FEI Number

50-3464894

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	4 City / State / Zip
S	ROBIN HOOVER, CAROLYN C	2909 W. HAWTHORNE RD.	TAMPA FL 33611
PT	FAULKNER, CAROLYN	801 MIZZENMAST LANE	TAMPA FL 33604 2.

600003040486--1  
-11/09/99--01097--018  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 99 1 TS

8. Name and Address of Current Registered Agent

GIORDANO, JOHN N  
220 S FRANKLIN ST  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/28/99

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]* ROBIN HOOVER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/99 813/301-0202

Daytime Phone #

FILED  
99 NOV -2 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (8/99)