

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000103429

1. Corporation Name

SIGNATURE LAND TITLE CO.

Principal Place of Business

Mailing Address

5000 SW 86 STREET
MIAMI, FL 33143

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

1450 MADRUJA AVE.

1450 MADRUJA AVE.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33146

USA

33146

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/97

5. FEI Number

65-080574

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
<u>D</u>	<u>MARIA VICTORIA de la CRUZ</u> <u>5000 SW 86 ST</u> <u>MIAMI, FL 33143</u>	<u>5000 SW 86 STREET</u>	<u>MIAMI / FL / 33143</u>

8. Name and Address of Current Registered Agent

MARIA VICTORIA de la CRUZ
5000 SW 86 STREET
MIAMI, FL 33143

9. Name and Address of New Registered Agent

Name
MARIA V. de la Cruz
Street Address (P.O. Box Numbers Not Acceptable)
5000 SW 86 STREET
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33143

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

REGISTERED AGENT MUST SIGN

Date

2/24/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 305-666-6133
Date Daytime Phone #

REINSTATEMENT

98-99
AD