

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000106836**

1. Corporation Name

DM TITLE COMPANY

Principal Place of Business

7777 GLADES ROAD, SUITE 110
BOCA RATON FL 33434

Mailing Address

1717 GLADES ROAD, SUITE 110 /
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

27271 Las Ramblas

Suite, Apt. #, etc.

Attn: L. Bracken

City & State

Mission Viejo, California

Zip

92691

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

33-0784295

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Director	James P. Kozel	27271 Las Ramblas	Mission Viejo, California 92691
Director	Barbara Joyce	27271 Las Ramblas	Mission Viejo, California 92691

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1220 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

D. F. Hickey, D. F. Hickey, Asst. Sec.

Date: March 5, 1999

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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

Barbara Joyce

3-4-99

(949)

367-2072

Daytona Beach

CR2040 (9/98)