

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 28 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000005180610--7

-04/01/02--01084--011

***1050.00 ***1050.00

DOCUMENT # P98000003425

1. Corporation Name

Enterprise Title & Escrow, Inc. of Arlington

762000004617

2. Principal Office Address

7427 Merrill Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32277

Country

USA

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/12/98

5. FEI Number

-59-3606465-

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra G. Prottengeier

Street Address (P.O. Box Number is Not Acceptable)

3351 Hendricks Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-7-2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T..	Simon Barker	3351 Hendricks Avenue	Jax., FL 32207
VP/S	Susan L. Wright	7427 Merrill Road	Jax., FL 32277

10. 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 NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

(904) 745-1949

Daytime Phone #

Susan L. Wright

CR2E081 (8/00)