

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 5:49

DOCUMENT #

P98000011672

1. Corporation Name

ASSOCIATED TITLE, INC.

2. Principal Office Address

3414 East Lake Road
Palm Harbor, FL 34685

Suite, Apt. #, etc.

NONE

City & State

Palm Harbor, Florida

Zip

34685

Country

USA

3. Mailing Office Address

3414 East Lake Road
Palm Harbor, FL 34685

Suite, Apt. #, etc.

NONE

City & State

Palm Harbor, Florida

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

593491419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200004652692--5

-10/25/01--01030--002

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

ANA MARIA COLINDRES

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

1340 Oakbrook Drive SW

Suite, Apt. #, Etc.

None

City

Largo

State

FL

Zip Code

33770

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

Ana Maria Colindres
Ana Maria Colindres

Date

10/11/01

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
President	Ana Maria Colindres	1340 Oakbrook Drive SW	Largo Florida 33770 33770

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:

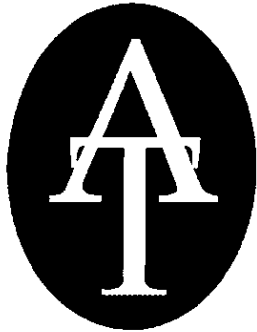
Ana Maria Colindres
Ana Maria Colindres

Date

10/11/01

Daytime Phone #

724
772 7660



ASSOCIATED TITLE, INC.

3414 East Lake Drive
East Lake Woodlands Shopping Center
Palm Harbor, FL 34685
Phone (727) 772-7660
Fax (727) 772-6661

From: Ana Maria Colindres

October 11, 2001

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

Dear Ladies and Gentlemen:

Enclosed please find the application for reinstatement along with our \$150.00 fee. I did not receive the customary request/reminder for payment and I apologize for any inconvenience that this may cause, as this is the only time that this incident has occurred in the three years we have been in business.

We are a small company and it is crucial that we are compliant with all companies that we do business with or will do business with in the near future, our underwriters and to our staff.

Respectfully yours,

Ana Maria Colindres