CORPORATION REINSTATEMENT

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

FILED

01 MAR 19 PM 1: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059164

1. Corporation Name — Title Resources, Inc

0000003924720---0
-03/29/01--01009--014
***1050.00   ***1050.00

2. Principal Office Address	3. Mailing Office Address	
2564 Coventry Golf Dr	2564 Coventry Golf Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Wellington, Florida	Wellington, Florida	
Zip	Country	Zip 33414	Country
	Palm Beach		Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida — 7/1/98

5. FEI Number — ☐ 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: Richard J. Monescolchi, PA

Street Address (P.O. Box Numbers Not Acceptable): 6894 Lake Worth Road Suite 203

Suite, Apt. #, Etc.

City	State	Zip Code
Lake Worth	FL	33467

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 _____ REGISTERED AGENT MUST SIGN   Date 3/13/01

CR2E081 (9/00)

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
PRES	Dianna L. Williams	2564 Coventry Golf Drive	Wellington, FL 33414

REINSTATEMENT 99081

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: _____ 3/13/01   561-2939453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #