PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 AFR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -3 PM 2:11

DOCUMENT # P98000066908

1. Corporation Name

FLORIDA KEYS TITLE COMPANY

Principal Place of Business	Mailing Address
9711 OVERSEAS HIGHWAY, SUITE 5 MARATHON FL	P O BOX 500309 MARATHON FL 33050

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

03-05-99 90021 004 $150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/30/1998

5. FEI Number: 65-0859979 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	WRIGHT, THOMAS D	9711 OVERSEAS HIGHWAY, SUITE 5	MARATHON FL
D	WRIGHT, THOMAS D	9711 OVERSEAS HIGHWAY, SUITE 5	MARATHON FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY, SUITE 5 MARATHON FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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: Thomas D. Wright REQUIRED Date: Oct 14, 1999

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE: Thomas D. Wright REQUIRED 10/14/99 (305)743-8118

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

LAW OFFICES OF
THOMAS D. WRIGHT
CHARTERED
9711 OVERSEAS HIGHWAY, SUITE 5
POST OFFICE BOX 500309
MARATHON, FLORIDA 33050-0309

THOMAS D. WRIGHT
BOARD CERTIFIED REAL ESTATE LAWYER

TELEPHONE
(305) 743-8118
FAX
(305) 743-8198

October 29, 1999

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

Re: FLORIDA KEYS TITLE CO.
P98000066908

Dear Sirs;

I received your letter of October 22 and appreciate your response. Looking through the file for FLORIDA KEYS TITLE CO., I found the notes taken by my secretary on the day that she talked to Mark. Unfortunately, Marks' directions were not followed and that is the reason for the confusion. Fortunately, that secretary is no longer with this firm. There is no letter from the State dated March 15, 1999 in our file. Please accept this letter at this time, reinstate our corporation and waive the $600.00 fee. For the record, our FEI# 65-0859979.

Very truly yours,

Thomas D. Wright

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