

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000018264

1. Corporation Name

MARKETABLE TITLE, INC.

Principal Place of Business

Mailing Address

~~MARKETABLE TITLE INC.~~
~~9100 SW 28 TERRACE~~
~~MIAMI FL 33165~~

MARKETABLE TITLE INC.
9100 SW 28 TERRACE
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

MARKETABLE TITLE INC.

Suite, Apt. #, etc.

10661 SW 88 St., Ste. 206-B

City & State
MIAMI, FLORIDA

Zip Country
33166 33176 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1999

5. FEI Number

65-0904114

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
PSD	DEL PORTILLO, ARMANDO	C/O MANUEL M ARVESU, P.A.	CORAL GABLES FL 33134
PSD	DEL PORTILLO, ARMANDO	9100 SW 28 TERRACE	MIAMI, FL 33165
			400004717084--6
			-12/10/01--01096--010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

DEL PORTILLO, ARMANDO
9100 SW 28 TERRACE
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name
DEL PORTILLO, ARMANDO
Street Address (P.O. Box Number is Not Acceptable)
9100 S.W. 28 TERRACE
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33165

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

Armando del Portillo

Date 11/5/01

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.

SIGNATURE:

Armando del Portillo

ARMANDO DEL PORTILLO - PSD

11/5/01

305-485-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #