

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026383

**1. Corporation Name**

Citi Search Title Support Services, Inc.

**2. Principal Office Address**

10743 SW 104th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

700025312947  
12/08/03--01015--021 \*\*150.00

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

1993

**5. FEI Number**

65-0904877

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

Gilmore, Miriam

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

10743 SW 104th Street

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33176

**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 11/24/03

**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
PD	Gilmore, Miriam	10743 SW 104th Street	Miami, Florida 33176

**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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03

Date

Daytime Phone #

305 275 9225

CR2E081 (10/02)

# MUTUAL TRUST TITLE, INC.

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October 29, 2003

Florida Department of State  
Glenda E. Hood/Sect. of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Mutual Trust Title, Inc. FEI# 65-0455766  
Citi Search Title Support Services, Inc. FEI#65-0904877

To whom this may concern,

This letter is to inform the Department of an apparent error on delivery. I am the owner/President of both corporations listed above. I am writing this letter to inform you that I have not received the Annual Renewal for my corporations. I believe it may have been an error because we have been at this location for over a year and it may be that they were mailed to my previous address. Last year I renewed on-line and intended to do the same this year, but when I called the Division of Corporations I was shocked to hear that the penalty would be \$500 per corporation. By way of this writing I am pleading for the Department to relieve me of this penalty, I have been in business for 10 years now and intend to continue, but this penalty instills a hefty unexpected cost that my corporations are not in the financial position to pay.

Please review my plea and advise if I can just renew at the regular cost of \$150.

Thank you for your review.

  
Miriam Gilmore  
Mutual Trust Title, Inc.