

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 13 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ATLANTIS TITLE COMPANY OF PALM BEACH, INC

899000029376

2. Principal Office Address

450 NE 80th STREET

Suite, Apt. #, etc.

Suite 116

City & State

Boca RATON, FL

Zip

33431

Country

Palm BEACH

3. Mailing Office Address

450 NE 80th STREET

Suite, Apt. #, etc.

Suite 116

City & State

Boca RATON, FL

Zip

33431

Country

Palm BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1999

5. FEI Number

450924525

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

CAROL A. COOPER

400006053334--2

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

3791 N.W. 78th WAY

06/26/02 01084--013

****608.75 ****208.75

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

CAROL A. COOPER

Date

6/12/02

REGISTERED AGENT MUST SIGN

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
P	CAROL A. COOPER	3791 N.W. 78 th WAY Coral Springs, FL 33065	Coral Springs, FL 33065
			101.25-AR
			10.00-ARART
			88.75-ARSUPP
			8.75-CERT

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:

CAROL A. COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/02 541 391-6330

Daytime Phone #

CR2E081 (9/01)

Atlantis Title Company of Palm Beach, Inc.
450 NE 20th Street, # 116
Boca Raton, Florida 33431

Telephone: (561) 391-6330

Facsimile: (561) 391-8305

June 12, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Atlantis Title Company of Palm Beach, Inc.

Dear Sirs:

Please find enclosed an application for Corporation Reinstatement. We have never received the annual report form from your office or any form saying we had not paid the annual fee. Please find enclosed a check for \$608.75 to cover the reinstatement fee. We sent a change of address when we filled out the form in 2000.

Sincerely,


Carol A. Cooper