

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000053228**

1. Corporation Name

**EXPRESS TITLE & SETTLEMENT GROUP, CHARTERED**

Principal Place of Business

1515 N UNIVERSITY DR.  
111  
CORAL SPRINGS FL 33071

Mailing Address

1515 N UNIVERSITY DR.  
111  
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1999

5. FEI Number

65-0925589

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
P	LUCERO, TIMOTHY D	1515 N UNIVERSITY DR. STE 111	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

LUCERO, TIMOTHY D ESQ  
1515 N UNIVERSITY DR. STE 111  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 954-755-7035  
Date Daytime Phone #

CR2040 (7/03)

LAW OFFICES  
OF  
**TIMOTHY D. LUCERO, P.A.**

1515 UNIVERSITY DRIVE, SUITE 111  
CORAL SPRINGS, FLORIDA 33071

Telephone (954) 755-7035  
Facsimile (954) 755-7457

Admitted in:  
The United States Supreme Court  
The Supreme Courts of Florida & Indiana  
All U.S. District Courts in Florida & Indiana

October 15, 2003

Florida Dept of State  
Annual Report/ Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Attn: Mr. Justin M. Shivers

Dear Mr. Shivers,

Thank you for speaking with me this afternoon. After our conversation, we beg you to please accept our reinstatement form with our apologies. As we explained, we did not get the original form and sent a letter with the check for \$150.00. We beg you to reinstate our company and thank you for waiving the \$600.00. *The reinstatement is for Express Title & Settlement Group. Chostaud.*

Sincerely,

  
Toby Brandman