PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN -3 PM 4:27

DOCUMENT # P99000079957

1. Corporation Name

BEST TITLE INSURANCE, INC.

REINSTATEMENT 00

2. Principal Office Address	**3.** Mailing Office Address
825 N Citrus Avenue	825 North Citrus Avenue
825 North	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL 34428	City & State: Crystal River, FL 34428
Zip: 34428 / Country: USA	Zip: 34428 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 59-3600963 — 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: HAROLD B. STEPHENS

300003533653--3
-01/11/01--01101-019
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 825 North Citrus Avenue

Suite, Apt. #, Etc.

City: Crystal River — State: FL — Zip Code: 34428

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: _____ Date: Dec. 28, 2000

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-D	Harold B. Stephens	825 North Citrus Avenue	Crystal River, FL 34428
VP-SET	Wanda L. Stephens	825 North Citrus Avenue	Crystal River, FL 34428

1/4/01

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: _____ 12-28-00 352-795-2088

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

CR2E081 (9/99)