

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 23 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106493

1. Corporation Name

RELIABLE TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

2101 CORPORATE BLVD., SUITE 101
BOCA RATON FL 33431

2101 CORPORATE BLVD., SUITE 101
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09/18/00 90045-038 55000

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1999

5. FEI Number

65-0967450

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	Jonathan Bloom	21875 Powerline Rd, Ste. 207	Boca Raton, FL 33433
D	Sam Ballen	2101 Corporate Blvd, Ste. 101	Boca Raton, FL 33431
			500003440395--1 -10/26/00--01055--004 ****208.75 ****208.75

REINSTATEMENT DO TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALLEN, SAMUEL D
2101 CORPORATE BLVD., SUITE 101
BOCA RATON FL 33431

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.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/18/00

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
Jonathan Bloom, President/Secretary
Sam Ballen, Director

Date

10/18/00

561-479-1646
Daytime Phone #

CR2E040 (8/00)