

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S65486**

1 Corporation Name

**METRO TITLE SERVICES, INC.**

Principal Place of Business

~~258 EAST ALTAMONTE DRIVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
US

Mailing Address

~~258 EAST ALTAMONTE DRIVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
US

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.  
**2644 Beverly Avenue**

City & State  
**Winter Park, FL 32789**

Zip Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**2644 Beverly Avenue**

City & State  
**Winter Park, FL 32789**

Zip Country

**REINSTATEMENT** 96

4 Date Incorporated or Qualified  
To Do Business in Florida

**07/11/1991**

5 FEI Number

**59-3073797**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

58.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BREWER, DONNA	<del>258 E ALT DRIVE</del> 2644 Beverly Avenue	<del>ALTAMONTE SPRINGS FL</del> Winter Park, FL 32789
S	<del>POHNO, DARA</del> Pat O'Reilly	<del>258 E ALT DRIVE</del> 2644 Beverly Avenue	<del>ALTAMONTE SPRINGS FL</del> Winter Park, FL 32789

~~200002046012~~ 5  
-01/03/97--01178--017  
\*\*\*375.00 \*\*\*375.00

JB12-31-96

8 Name and Address of Current Registered Agent

BREWER, DONNA  
~~258 EAST ALTAMONTE DRIVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
2644 Beverly Avenue  
Winter Park, FL 32789

9 Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Donna Brewer* **REQUIRED**

Date **12-27-96**

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12 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)(j), 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:

*Donna Brewer* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-27-96**  
Date

**(407)**  
**539-3936**  
Daytime Phone #

CR2ED40 (7/96)