

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

DOCUMENT # **S-67640**

1. Corporation Name

Allied Title Insurance, Inc

REINSTATEMENT **04**

MRS

2. Principal Office Address

5314 Lemon St

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip

34652

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/1991

5. FEI Number

59-3080577

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 Hickman

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

3401 W. Cypress St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

300042168983
10/25/04--01030--027 **750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/04

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.	J. R. Smith	3401 W. Cypress St	Tampa, FL 33607
VP	Michele Guy	5314 Lemon St	New Port Richey, FL 34652
D	Harold Hickman	3401 W. Cypress St	Tampa, FL 33607
D	Jimmy Hickman	3401 W. Cypress St	Tampa, FL 33607
D	Whit Lanchester	3401 W. Cypress St	Tampa, FL 33607

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:

[Signature]

J.R. Smith

10/20/04

Date

813-872-9898

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)