

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 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S87569

1. Corporation Name

AMERICAN TITLE GROUP, INC.

Principal Place of Business

4400 BAYOU BLVD.  
40-B  
PENSACOLA FL 32503  
US

Mailing Address

3114 STATION COURT  
PENSACOLA FL 32504  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1991

Suite, Apt. #, etc.

~~3114 STATION COURT~~

Suite, Apt. #, etc.

P. O. Box 48

City & State

~~PENSACOLA FL~~

City & State

Pensacola FL

Zip

32541

Country

US

Zip

32591

Country

US

5. FEI Number

59-3087406

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	ELLIS, JOHN W. JR.	3114 STATION COURT	PENSACOLA FL
DP	ELLIS, CYNTHIA E.	3114 STATION COURT	PENSACOLA FL
			300002046329--6 -01/06/97--01013-011 *****8.75 *****8.75
			300002046329--6 -01/06/97--01013-012 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

ELLIS, CYNTHIA E.  
3114 STATION COURT  
PENSACOLA FL 32504

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-23-96

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)(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

Date

Daytime Phone #

904  
12-28-96 887 3976