

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

97 MAR 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

667927

1. Corporation Name

TITAN PETROLEUM CORP.

Principal Place of Business

Mailing Address

20401 NW 2nd AVE., #203
MIAMI, FL 33169

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES.	NATALE L. MONTOSZI	11551 ROYAL PALM BLVD.	CORAL SPRINGS, FL 33065
S.&T.	PHILIP LEITNER	1814 NE MIAMI GARD. DR. #601	N. MIAMI, FL 33179
			000002123460--4 -03/25/97--01050--001 ***2310.00 ***2310.00

REINSTATEMENT

81-97

A. Alan
3-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROY COOPER
920 SE 2nd AVE.
HALLANDALE, FL 33009

Name **NATALE L. Montozzi**
Street Address (P.O. Box Number is Not Acceptable)
20401 N.W. 2nd AVE
Suite, Apt. #, Etc. **203**
City **MIAMI** State **FL** Zip Code **33169**

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 **3/21/97**

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]

Philip Leitner

3/21/97

305-653-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)