FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006510

200305810272

1. Corporation Name

Titanium Industries, Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9855-1 Mining Drive Jacksonville, FL	18 Green Pond Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Rockaway, NJ
Zip: 32257 Country: USA	Zip: 07866 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3832645 Applied For / N/A if 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee State: FL Zip Code: 32301

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: Roxanne Turner REGISTERED AGENT MUST SIGN

Roxanne Turner
Asst. Vice President Date: 11/17/17

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/D	Brett S Paddock	18 Green Pond Rd	Rockaway NJ 07866
S/V/D	Robert M Barba	18 Green Pond Rd	Rockaway NJ 07866

10. E-mail Address: rbarba@titanium.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 11.14.17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 916511 7292414

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : November 15, 2017

ORDER TIME : 3:03 PM

ORDER NO. : 916511-005

CUSTOMER NO: 7292414

REINSTATEMENT

NAME: TITANIUM INDUSTRIES, INC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____