1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC -1 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000006515

1. Corporation Name

Titus Restoration Services, Inc.

REINSTATEMENT 06-09

CR2E081 (1/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
547 Toonigh Road	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woodstock, GA	City & State
Zip: 30188 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/14/2005

5. FEI Number: 20-2680114 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 additional fee required

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0406 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 12/1/09

Danny Verdecchia, Jr. Asst Secretary AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Phillip C Evans	547 Toonigh Road	Woodstock, GA 30188
VP	Melinda S Evans	547 Toonigh Road	Woodstock, GA 30188

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

11. I certify that I am an officer or director of 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, 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.

SIGNATURE: [signature] VP 12-1-09 6784946893
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC 1 2009

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: melinda@titusrestoration.com

CORPORATION REINSTATEMENT

TITUS RESTORATION SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$1.708.75~~

$600.00