

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5-32723

1. Corporation Name

The Titan Group, Inc.

2. Principal Office Address

298 Lake Markham Rd.

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32771

Country

USA

3. Mailing Office Address

298 Lake Markham Rd.

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/86

5. FEI Number

59-2750568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Bob Johnson

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

14801 Huntley Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

800025361858
12/09/03 01076 011 **158.75

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 12/6/03

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
Pres.	Michael Fouts	298 Lake Markham Rd.	Sanford, FL 32771
VP	Bob Johnson	14801 Huntley Dr.	Orlando, FL 32828

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] Bob Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/03

Date

407-207-7131

Daytime Phone #

CR2E081 (10/02)

THE



TITAN GROUP INC.

December 6, 2003

Florida Department of State
409 East Gains Street
Tallahassee, Florida 32314

To whom it may concern:

Please be advised that we did not receive the Corporate annual report / reinstatement form at our physical or mailing address.

After I spoke with your office we were instructed to write a letter and inform you of this. In addition we were asked to send in a normal renewal fee.

I have enclosed check # 2324 in the amount of \$ 158.75 to cover the renewal and the certificate of status.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bob Johnson', written over a horizontal line.

Bob Johnson
Director

Cc: File