

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024179817
10/27/03--01122--021 **155.00

DOCUMENT # **LO2000033389**

1. Limited Liability Company's Name

Titane Capital Partners, LLC

2. Principal Office Address

4727 Poplar Ave

Suite, Apt. #, etc.

Suite 201

City & State

Memphis TN

Zip

3847

Country

Shelby

3. Mailing Office Address

4727 Poplar Ave

Suite, Apt. #, etc.

Suite 201

City & State

Memphis TN

Zip

38117

Country

Shelby

4. State/Country of Formation

Florida / Orange

5. Date Organized or Qualified
To Do Business in Florida

Dec 12, 2002

6. FEI Number

43-1980444

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Agents and Corporations, Inc.**

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

Suite E, 773 4th Ave. North

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

David Williams

Date

10/22/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Reggie D. Mobley	430 Alexander	Memphis TN 38111
MGRM	Daniel A. Samuels	7955 Crescent Circle	Olive Branch MS 38654

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Reggie D. Mobley

Date

21 Oct 03

Daytime Phone #

901-761-9911

Typed or printed name of signing Managing Member/Manager

Reggie D. Mobley

CR20041 (10/02)