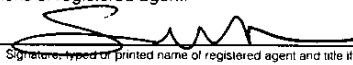


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000041405 1. Entity Name TITAN LAW GROUP, LLC						SEC. OF STATE DIVISION OF CORPORATIONS 05 DEC -5 AM 10:30	
Principal Place of Business 1305 N. ARMENIA AVE. TAMPA, FL 33607				Mailing Address 1305 N. ARMENIA AVE. TAMPA, FL 33607			
2. Principal Place of Business 110 E. BROWARD BLVD.		3. Mailing Address 110 E. BROWARD BLVD.		 12022005 REIN-LLC CR2E101 (6/04)			
Suite, Apt. #, etc. SUITE 1700		Suite, Apt. #, etc. SUITE 1700					
City & State FORT LAUDERDALE, FLORIDA		City & State FORT LAUDERDALE, FL					
Zip 33301		Country USA		Zip 33301		Country USA	
4. FEI Number 52-2406583				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ABRAHAM, S. THOMAS ESQ 13802 N 42ND ST. F-202 TAMPA, FL 33613				7. Name and Address of New Registered Agent Name THOMAS ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 110 E. BROWARD BLVD. SUITE 1700 City FORT LAUDERDALE FL Zip Code 33301			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.				DATE 12/2/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAHAM, S. THOMAS ESQ 13802 N. 42ND ST. #F202 TAMPA, FL 33613 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-M ABRAHAM, S. THOMAS 110 E. BROWARD BLVD. SUITE 1700 FORT LAUDERDALE, FL 33301 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, GEOGYMON ESQ 1305 NORTH ARMENIA AVENUE TAMPA, FL 33607 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 12/2/05 Daytime Phone #			