2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC FILED
DIVISION OF CORPORATIONS
05 DEC -5 AM 10:30

DOCUMENT # L03000041405

1. Entity Name
TITAN LAW GROUP, LLC

Principal Place of Business	Mailing Address
1305 N. ARMENIA AVE. TAMPA, FL 33607	1305 N. ARMENIA AVE. TAMPA, FL 33607

12022005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
110 E. BROWARD BLVD.	110 E. BROWARD BLVD.
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	7. Name and Address of New Registered Agent
ABRAHAM, S. THOMAS ESQ 13802 N 42ND ST. F-202 TAMPA, FL 33613	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 _____ 12/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P05000191382 12/05/05--01063--005 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 12/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #