L05000066304

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 13 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000066304

1. Limited Liability Company's Name
Titan Realty Group LLC

06

2. Principal Office Address - No P.O. Box #
1941 Whitfield Pk Loop
Suite, Apt. #, etc.
City & State
Sarasota, Fl
Zip 34243 Country Sarasota

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Fl USA

5. Date Organized or Qualified To Do Business in Florida 7/6/05

6. FEI Number 20-3099535 ☐ 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
Eileen Simone
Street Address (P.O. Box Number is Not Acceptable)
1941 Whitfield Park Loop
Suite, Apt. #, Etc.
City Sarasota State FL Zip Code 34243

☒ A $100 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 $100 reinstatement be waived.

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 _____ Date 2/12/09
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
MGR	Gary Simone	1941 Whitfield Pk Loop	Sarasota Fl
MGRM	George Rutigliano	1941 Whitfield Pk Loop	Sarasota Fl

REINSTATEMENT 2006-2009

400143563374
02/13/09--01013--005 **416.25

400143563374
02/17/09--01003--018 **138.75

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 _____ Date 2/12/09 Daytime Phone # 941-758-1915

Typed or printed name of signing Managing Member/Manager _____