

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L10000120851

1. Limited Liability Company's Name  
**01 REVOLUTIONS, LLC**

2. Principal Office Address - No P.O. Box #  
**618 E South St**

Suite, Apt. #, etc.  
**#500**

City & State  
**Orlando FL**

Zip Country  
**32801 USA**

3. Mailing Office Address  
**618 E South St**

Suite, Apt. #, etc.  
**#500**

City & State  
**Orlando FL**

Zip Country  
**32801 USA**

**8. Name and Address of Current Registered Agent**

Name  
**Lisa Stevens, ESQ**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**618 E South St**

Apt. #, Etc  
**#500**

City State Zip Code  
**Orlando FL 32801**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Lisa Stevens, ESQ*

REGISTERED AGENT MUST SIGN

Date **03/08/2016**

**10 Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Titan Enterprise Group, LLC	09 E 17th St	Cheyenne, WY 82001
<b>REINSTATEMENT</b>			
<b>2013-2016</b>			

11. E-mail Address **titangroupwy@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Lisa Stevens, ESQ*

**LISA STEVENS ESQ**

Date **03/08/2016**

Daytime Phone # **307-392-4951**

Typed or printed name of signing authorized representative/member

**FILED**

**2016 MAR 10 AM 9:34**

**TALLAHASSEE, FL 32301**

CR2E041 (1/14)

4. State/Country of Formation  
**FL, USA**

5. Date Organized or Qualified To Do Business in Florida **11/22/2010**

6. FEI Number **37-1634728** ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**600283212916**  
**03/10/16--01012--009 \*\*\*665.00**