

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000005627

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -8 AM 8:27

DOCUMENT # L99000005627

1. Limited Liability Company's Name

TITANIUM INVESTMENT COMPANY, LLC

9/29/00 ✓

2. Principal Office Address

3111 N. UNIVERSITY DR

Suite, Apt. #, etc.

\*1020

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address

3111 N. UNIVERSITY DR

Suite, Apt. #, etc.

\*1020

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

5/10

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

09-03-1999

6. FEI Number

65-0956108

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

JORDAN C. PAUL

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

3111 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

\*1020

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

5/9/2001

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	JORDAN C. PAUL	3111 N. UNIVERSITY DR. *1020	CORAL SPRINGS, FL
			33065
			100.00 Rein
			50 2000
			50 2001
			200.00
			MP

REINSTATEMENT 2000-2001

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

[Signature]

Date

5/9/2001

Daytime Phone #

954-340-0120

Typed or printed name of signing Managing Member/Manager

JORDAN C. PAUL

CR2E041 (9/00)