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LIMITED LIABILITY REINSTATEMENT

TITAN HOLDINGS, LLC

Certificate of Status	0
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**2007 LIMITED LIABILITY COMPANY  
 REINSTATEMENT**

<b>DOCUMENT # M0000000924</b>			
1. Entity Name <b>TITAN HOLDINGS, LLO</b>			
Principal Place of Business <b>27000 HILLS TECH COURT SUITE 800 FARMINGTON HILLS, MI 48331</b>		Mailing Address <b>27000 HILLS TECH COURT SUITE 800 FARMINGTON HILLS, MI 48331</b>	
2. Principal Place of Business - NO P.O. BOX ?		3. Mailing Address	
EIN, Apt. #, etc.		EIN, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>39-8112188</b>		Applied For (Not Applicable)	
5. Certificate of System Defined <input type="checkbox"/>		6. EO 12958 Adherence Per Request	
8. Name and Address of Current Registered Agent <b>OT CORPORATION SYSTEM 1800 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		State	
9. 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. Test truthfully, and attach the certificate of registered agent.			
SIGNATURE <i>Barbara A. Burns</i>		Special Assistant Secretary <b>5907</b>	
FILE NUMBER <b>FL 020680</b>		Filing stamp payable to Florida Department of State	
10. <b>MEMBERS/MANAGERS</b>		11. <b>ADDITIONAL OFFICERS</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MEMBER MITCHELL, MARK CEO 27000 HILLS TECH COURT SUITE 800 FARMINGTON HILLS, MI 48331</b> <input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MEMBER BOWBLE, ROBERT CFO 27000 HILLS TECH COURT SUITE 800 FARMINGTON HILLS, MI 48331</b> <input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Date	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing complies fully for the exceptions provided in Chapter 188, Florida Statutes. I further certify that the information provided on this report is true and accurate and that my signature is not being used to obtain this report from the State of Florida. If my name is changing, I am a changing officer or manager of the limited liability company of this report or I am a changing officer or manager of the State of Florida.			
SIGNATURE <i>Mark Mitchell</i>		<b>Mark Mitchell 56107 (2/2) 893-0500</b>	

**REINSTATEMENT**

*06/07*