

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008590

1. Corporation Name

WORLD TITANIUM COUNCIL, INC.

Principal Place of Business

510 GOOLSBY BLVD.  
DEERFIELD BEACH FL 33442

Mailing Address

510 GOOLSBY BLVD.  
DEERFIELD BEACH FL 33442



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/2001

5. FEI Number

65-1137282

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROSENBERG, EDWARD	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
D	DE GRAEVE, EVERT	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
D	SNYDER, ANDREA	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
D	LUNDELL, LOUIS	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
D	DEBERRY, LARRY	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
D	NORRGRAN, CYNTHIA	510 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT 02 TS

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

Suite, Apt. #, Etc.

000008640330  
10/29/02--01008--016 \*\*236.25

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/20/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02 954-481-8422  
Date Daytime Phone #