

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 MAY -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000028949

9/10

1. Corporation Name

SHIVA TITAN TECHNOLOGIES INC.

2. Principal Office Address

5050 Encinitas Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2194 HWY A1A

Suite, Apt. #, etc.

#210

City & State

Delray Beach, FL

City & State

Indian Harbour Beach, FL

Zip

33484

Country

USA

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2001

5. FEI Number

65-1100242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2002-2003 UBR

7. Name and Address of Current Registered Agent

Name

Vinod J Doddamani

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

5050 Encinitas Dr.

300018443533

05/07/03--01014--020 ***310.00

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 04/15/2003

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Vinod J Doddamani	5050 Encinitas Dr.	Delray Beach, FL 33484
Secretary	Vinod J Doddamani	5050 Encinitas Dr.	Delray Beach, FL 33484
Treasurer	Vinod J Doddamani	5050 Encinitas Dr.	Delray Beach, FL 33484

10. 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:

(Vinod J Doddamani)

04/15/2003 (561) 865 0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

282

Vinod Doddamani
Shiva Titan Technologies
Atlantis Building
2194 Hwy A1A #210
Indian Harbour Beach, FL
32937-4931

Doc. # P01000028949

January 21, 2003

Florida Department of State
Division of Corporations (Reinstatement)
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam

I am hereby writing to you regarding my Corporation "Shiva Titan Technologies" which was cancelled as a result of a postal slip-up in the preceding fiscal year, 2001-2002. I never received the form for filing of an annual report.

I am therefore pleading for a reinstatement of my corporation with the waiver of any penalty or late fees in view of these circumstances. As you may be aware, last year has been a particularly bad year for business, so while the corporation had considerable layout of expenses revenue has been negligible.

Yours Truly
Thank You Kindly



Vinod Doddamani (President)