4/16/63 90141 014

Daytime Phone #

5/9/03 0/074 007 3/3/03 0/076 007 5/9/02 90094 020 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # POI  1. Corporation Name  Tito's Constru	000074	, -	FI Ma	LED ar 23, 2004 8:00 A cretary of State	.M.
2. Principal Office Address 998) Chardonnay Suite, Apt. #, etc.  Cip. & State Orlando, F  Zip Country 32832 Crando Name Gelasic Sireet Address (Po. Box Nu Suite, Apt. #, Etc.  City Oylandi	Rodric	Country	5. FEI Numb O( - O' 6. CERTIFICA'	Proporated or Qualified siness in Florida 7/21/0) PS 0883 Applied For Not Applicable TE OF STATUS DESIRED 2  State Zip Code FL 3 283 2	04
8. I, being appointed the registered agent Signature of Registered Agent	of the above named corpor	ration, am familiar with and accep	ot the obligations of sec		CR2E081 (01/04)
9. Names and Street Addresses of Each	Officer and/or Director (Flo	rida nonprofit corporations must l	ist at least 3 directors)		
	s Name of Officers and/or Directors		of Each Director	City / State / Zip	
P Gelasio Re	duguer	9981 Chardon	ay Dr.	Orlando, FC 32832	- <u>-</u>
				000018676210	
		* • • • • • • • • • • • • • • • • • • •			
this reinstatement application, the reason	on for dissolution has been I and the names of individi	eliminated, the corporate name s uals listed on this form do not qual	atisfies the requirement lify for an exemption un	papter 607 or 617, F.S. 1 further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	

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