

2005 Rev.


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC -8 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000062016850
12/09/05--01042--005 **150.00

CR2E081 (8/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>703000006086</u>			
1. Corporation Name <u>Titanium Designers, Inc.</u>			
2. Principal Office Address <u>19263 Fishermans Bend Dr</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Lutz</u>		City & State	
Zip <u>33558</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>01-16-2003</u>	
5. FEI Number <u>65-1169548</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Magali Weaver</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>19263 Fishermans Bend Dr</u>		
Suite, Apt. #, Etc.		
City <u>Lutz</u>	State <u>FL</u>	Zip Code <u>33558</u>

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

REGISTERED AGENT MUST SIGN

Date

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
pres	Magali Weaver	19263 Fisherman's Bend Dr	Lutz, FL 33558

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

magali weaver

12/6/05 832/647430

December 6, 2005

Dear Mr. and Mrs.

I noticed that my company was not showing incorporated in the State of Florida and realized that I never received the notice to renew. What happened was that I moved and the notice went to my old address, it was never forwarded to me.

I was not aware that I was supposed to renew every year, so I am pleading to the have the \$600.00 fee waived, it represents a large amount for such a small company.

Please let me know if you can assist me this time and promise that it will not happen again in the future.

Sincerely,

Maggie Weaver