2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000019356

1. Entity Name
TITAN DEVELOPERS, INC.

FILED
05 OCT 31 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
139 NE 1ST STREET SUITE 400 MIAMI, FL 33132 US	~~139 NE 1ST STREET~~ ~~SUITE 400~~ ~~MIAMI, FL 33132 US~~

10062005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PH-1
City & State	City & State Miami, Fl
Zip / Country	Zip 33132 / Country Dade

4. FEI Number 16-1654516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, JESUS V ~~12763 SW 280 STREET~~ ~~MIAMI, FL 33032~~	Name JESUS V. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 139 NE 1st PH-1 City Miami FL Zip Code 33132

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SUAREZ, JESUS V ~~12763 SW 280 STREET~~ ~~MIAMI, FL 33032~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 139 NE 1st PH-1 Miami, Fl 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SHACKLEFORD, DONALD W 7810 SW 66 ST MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060634320 10/14/05--01071--027 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts MW 11/1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #