

APPROVED
AND
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 MAY 27 PH 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000099303

1. Corporation Name

THE T.I.T.O.S. COMPANY INC.

2. Principal Office Address

1250 LINCOLN ROAD

3. Mailing Office Address

1250 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

X APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UMPIERREZ, ALEX

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

525 71 STREET

Suite, Apt. #, Etc.

APT 4712

City

MIAMI BEACH

State

FL

Zip Code

33141

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

[Signature]

Date 04/22/2005

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
D	UMPIERREZ, ALEX	525 71 STREET APT 4712	MIAMI BEACH, FL 33141
D	BARREIRO, PABLO A	1250 LINCOLN RD STE 310	MIAMI BEACH, FL 33139
D	MOLINERO, JOSE O	1250 LINCOLN RD STE 310	MIAMI BEACH, FL 33139

500055833365

05/07/05--01003--008 **300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2005

Date

Daytime Phone #

CR2E081 (01/05)

NATP MEMBER

MFR & Associates

ACCOUNTANTS & CONSULTANTS

220 71ST STREET SUITE 212
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

AICPA MEMBER

2/2

April 22, 2005

FL Dept. of State
FL Div. Of Corp

RE: THE T.I.T.O.S. COMPANY INC
Doc: P03000099303

Dear Sir or Madam:

I am writing to you on behalf of **THE T.I.T.O.S. COMPANY INC** to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form for the year 2004 & 2005, we obtained from the internet and a check for \$ 300.00. The company has made a good faith effort to meet the state's Filing requirements.

I thank you in advance for your help.

Sincerely,



Manuel Fernandez
Tax Advisor