PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 FEB -6 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000011415

1. Corporation Name: Titan SeaFood Co.

600220540546
02/06/12--01012--003 **1200.00

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 10787 SW 188 ST | 10787 SW 188 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Cutler Bay, FL | City & State: Cutler Bay, FL |
| Zip: 33157 Country: US | Zip: 33157 Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/2006

5. FEI Number: 204184871 ☐ 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: Constantine G. Pitsi
Street Address (P.O. Box Number is Not Acceptable): 10787 SW 188 ST
Suite, Apt. #, Etc.:
City: Cutler Bay State: FL Zip Code: 33157

S. HAWKES
FEB - 2012
EXAMINER

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: Constantine G. Pitsi Date: 01/3/2012
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 | Constantine G. Pitsi | 10787 SW 188 ST | Cutler Bay, FL 33157 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
2009 - 12

10. E-mail Address: deancitsi@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Constantine G. Pitsi 01/31/2012 305-788-0181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #