

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 15 AM 10:08

DOCUMENT # P06000023735



1. Entity Name  
TITANIC VIDEO GP CORP

000155465830

Principal Place of Business  
1950 W FLAGLER STREET  
MIAMI, FL 33135-1615

Mailing Address  
1950 W FLAGLER STREET  
MIAMI, FL 33135-1615

05/05/09 01040 029



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

06102009 REIN-P CR2E088 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-4330564

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

APIZAR, JOSE  
10847 NW 7 STREET APT 22  
MIAMI, FL 33172

Name

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

City

FL

Zip Code

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

Sign where, typed or printed name of registered agent or state is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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: P  
NAME: HERNANDEZ, IRMA  
STREET ADDRESS: 10847 NW 7TH ST #22  
CITY-ST-ZIP: MIAMI, FL 33172

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

REINSTATEMENT 08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 appointed 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9/09 (786) 71-2125