PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

400021074314
10/24/03--01016--023 **750.00

DOCUMENT # P96000072491

1. Corporation Name

TITAN INTEGRATED CIRCUITS, INC.

Principal Place of Business	Mailing Address
6016 SHERWIN DR PORT RICHEY FL 34668	6016 SHERWIN DR PORT RICHEY FL 34668

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5510 River Rd.	
Suite, Apt. #, etc.: Suite 108	Suite, Apt. #, etc.
City & State: New Port Richey	City & State
Zip: 34652 Country: Pasco	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1996

5. FEI Number: 59-3482332 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SKELTON, JOHN G	8733 WHISPERING OAKS TRAIL	NEW PORT RICHEY FL 34654
TD	GILBOY, STEVEN	75 ROUTE DE MALAGNDU	GENEVA SWITZERLAND

8. Name and Address of Current Registered Agent

SKELTON, JOHN G
6016 SHERWIN DR
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name: Harvey J. Spinowitz, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1421 Court St.
Suite, Apt. #, Etc.: Suite C
City: Clearwater State: FL Zip Code: 33756

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 10/20/03
REGISTERED AGENT MUST SIGN

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., 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] 10/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #