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APPROVED AND FILED

P.1

H98-22521 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 98 DEC -3 PM 3:13

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
98 DEC -3 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062287

1. Corporation Name
TITLED ASSETS CORPORATION

Principal Place of Business
4240 SW 102ND CT
MIAMI, FL 33165

Mailing Address
SAME

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

2. New Principal Office Address, if Applicable
785 NW 37 AVE
Suite, Apt. #, etc.
122
City & State
MIAMI, FL
Zip
33125
Country
DADE

3. New Mailing Office Address, if Applicable
785 NW 37 AVE
Suite, Apt. #, etc.
122
City & State
MIAMI, FL
Zip
33125
Country
DADE

4. Date Incorporated or Qualified To Do Business in Florida
07/18/98

5. FEI Number
65-0785486
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)

(Happy) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	LORENZO ORTA	785 NW 37 AVE, #122	MIAMI, FL 33125

8. Name and Address of Current Registered Agent

DELFIN AGUILAR
4240 SW 102 CT
MIAMI, FL 33165

9. Name and Address of New Registered Agent

Name
LORENZO ORTA
Street Address (P.O. Box Number is Not Acceptable)
785 NW 37 AVE
Suite, Apt. #, Etc.
122
City
MIAMI,
State
FL
Zip Code
33125

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.

Signature of Registered Agent
(See Attachment For Signature)
Date 12/01/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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.

H98-22521

SIGNATURE: LORENZO ORTA Lorenzo Orta - DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/98
Date

Daytime Phone #

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12-03-1998 15:27