

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 17 PM 1:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035116

1. Corporation Name

TITAN WOOD PRODUCTS, INC.

2. Principal Office Address

1419 PINE BAY DR.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34231-3534

Country

3. Mailing Office Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

#1

City & State

SARASOTA, FLORIDA

Zip

34236

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/98

5. FEI Number

65-0830038

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

JOHN PATTERSON

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

46 N. WASHINGTON BLVD., #1

Suite, Apt. #, Etc.

SUITE 1

City

SARASOTA

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date **7/11/03**

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,P,S,T	ERNEST VROOM	1419 PINE BAY DR.	SARASOTA, FL 34231

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST VROOM, President

07/11/03

Date

(941) 915-4004

Daytime Phone #

CR2E081 (10/02)

TITAN WOOD PRODUCTS, INC.
1419 Pine Bay Drive
Sarasota, Florida 34231-3534

July 11, 2003

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Titan Wood Products, Inc.

Dear Sir or Madam:

I spoke with a representative from your office on today's date regarding the dissolution of the referenced corporation for failure to file the 2001 Uniform Business Report. I explained to the representative that the address on file for the corporation is no longer a good address. Therefore, we did not receive the Report nor was it forwarded to us by U.S. Mail. Further, we did not receive any notification of its dissolution. I was advised to send a letter stating the situation and events to avoid paying any penalties for the reinstatement of the corporation. I was advised to prepare a Corporation Reinstatement (which is enclosed) and to provide a check made payable to the State for \$450.00 to cover the filing fees for 2001, 2002 and 2003.

If you find everything to be in order, please file the enclosed Reinstatement at your earliest possible opportunity.

Very truly yours,

ERNEST VROOM
President