PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

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

FILED
97 JUL 11 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V35305

1. Corporation Name
TITAN D ASSN., INC.

Principal Place of Business	Mailing Address
300 INTERNATIONAL PKWY SUITE 300 HEATHROW FL 32746	300 INTERNATIONAL PKWY SUITE 300 HEATHROW FL 32746

REINSTATEMENT 96-97

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
195 Wekiva Springs Rd	195 Wekiva Springs Rd
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Longwood, Florida	City & State: Longwood, Florida
Zip: 32779 Country:	Zip: 32779 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/1992

5. FEI Number: 59-3136267 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~HESSE, CHARLES J., IV~~	~~300 INT'L PKWY #300~~	~~HEATHROW FL~~
D	DEFALCO, JAMES G.	~~300 INT'L PKWY #300~~ 195 Wekiva Springs Rd, Suite 100	HEATHROW FL Longwood, Fl 32779
			000002238550---4 -07/15/97--01066--003 ****575.00 ****575.00
			000002238550---4 -07/15/97--01066--010 ****348.75 ****348.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FREY, JULIA L. 215 N EOLA DR ORLANDO FL 32801	Name: James G. DeFalco Street Address (P.O. Box Number is Not Acceptable): 195 Wekiva Springs Road Suite, Apt. #, Etc.: Suite 100 City: Longwood State: FL Zip Code: 32779

CR2E040 (7/96)

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: Julia L. Frey Date: 4/29/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE: Julia L. Frey Esq. 4/29/97 407-333-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #