PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 12 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000015284

**1.** Corporation Name

TWO BROTHERS QUALITY, CORP.

| **2.** Principal Office Address - No P.O. Box # | **3.** Mailing Office Address |
|---|---|
| 3781 METRO PKWY | 3781 METRO PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| APT 7302 | APT 7302 |
| City & State | City & State |
| FORT MYERS, FL | FORT MYERS, FL |
| Zip / Country | Zip / Country |
| 33916 / USA | 33916 / USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 01/31/2006

**5.** FEI Number 20-4287812 ☐ 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: WELDSON GONCALVES SOBRINHO
Street Address (P.O. Box Number is Not Acceptable): 3781 METRO PKWY
Suite, Apt. #, Etc.: APT 7302
City: FORT MYERS | State: FL | Zip Code: 33916

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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: WELDSON G. SOBRINHO — Date: 12/8/2008
REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| P | WELDSON GONCALVES SOBRINHO | 3781 METRO PKWY APT 7302 | FORT MYERS, FL 33916 |
| VP | ANDOQUIO E. GONCALVES | 3781 METRO PKWY APT 7302 | FORT MYERS, FL 33916 |
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**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 contained in Chapter 119, 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:** WELDSON G. SOBRINHO — 12/8/2008 — (239) 645-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/08)

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12/12/08--01040--014 **300.00

2/2

Fort Myers, FL 11/9/2008

To: Florida Department of State
Workers Compensation Division

From: Weldson Goncalves Sobrinho
Two Brothers Quality, Corp
FEIN: 20-4287812

This letter is to verify my signature with the Florida Department of State. I applied for a reinstatement for my corporation and as per request of one of your agents, my signature is as follow:

WELDSON G. SOBRINHO

Thank you for your attention in this matter.

WELDSON G. SOBRINHO
Weldson Goncalves Sobrinho
Two Brothers Quality, Corp