PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P95000067439

DOCUMENT # 1. Corporation Name

TWIN SPEED, INC.

100 LINCOLN RD

STE 511B MIAMI BEACH FL 33139

Principal Place of Business

100 LINCOLN RD STE 511B

MIAMI BEACH FL 33139

if above addresses are incorrect in any way, line through incorrect information and enter correction below.								
	oal Office Address, If Ap	KO. B	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/31/1995			
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State					5. FEI Number		00,0 1,7 10	Applied For
					65-0609413			Not Applicable
Zip Country Zip 3			3017 Count		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status			
7. Names and	Street Addresses of Ea	ch Officer and/or Director (Fl	orida nonprofit corpor	rations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
DPS M	MONTEIRO, WAGNER R			6320 HUTCHINGSON RD.		MIAMI LAKES FL 33014		
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	The second secon		-, -,				50.00 _ "	
				· · · · · · · · · · · · · · · · · · ·				
8. Name and Address of Current Registered Agent					9. Name and	 Address of New Regi	stered Agent	
		 		Name				
MONTEIRO, WAGNER R 6320 HUTCHINGSON RD.				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			

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.

MIAMI LAKES FL 33014

SIGNATURE REQUIRED

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 filling 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

Suite, Apt. #, Etc.

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.

R. Hortoico Oct 24/2001/1305/5389690

State | Zip Code

1

Miami Beach, Fl. October 24, 2001

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Fl. 32314

RE: Document # P95000067439 Twin Speed Inc.

Att. Ms. Katherina Harris Secretary of State

Dear Sirs,

I haven't received your previous notice about my filing fee.

We' ve been having problems with mail in the building where my Company is located. There were even some complaints filled against the employes of the building and USPS.

Due to that I've oponed up a P.O. Box for my future correspondence.

Please add to your files.

Twin Speed Inc. P.O. Box 170106 Hialeah, Fl. 33017

I am also enclosing check of \$ 150.00, for my filing fee.

Sincerely,

Wagner Monteiro Twin Speed Inc.

100 Lincoln Road Unit 511-B Miami Beach, Fl. 33139

Phone/Fax 305-538-9690

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