

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000084984

1. Corporation Name

TWO BIRDS DESIGNS, INC.

Principal Place of Business

10875 BOCA WOODS LANE
BOCA RATON FL 33428

Mailing Address

10875 BOCA WOODS LANE
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1997

5. FEI Number

65-0803793

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 3	City / State / Zip 4
D	SEGAL, PAUL	10875 BOCA WOODS LANE	BOCA RATON FL 33428
D	SEGAL, ETHEL R	10875 BOCA WOODS LANE	BOCA RATON FL 33428

100024330181
10/31/03--01032--006 **150.00

8. Name and Address of Current Registered Agent

SEGAL, PAUL
10875 BOCA WOODS LANE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul Segal

REGISTERED AGENT MUST SIGN

Date

10-22-03

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 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:

Paul Segal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-03 561-365051

Daytime Phone #

CR2E040 (7/03)

TWO BIRDS DESIGNS, INC.
10875 Boca Woods Lane
Boca Raton, FL 33428

October 27, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Taxpayer Identifying Number: 65-0803793
Document No.: P97000084984
Corporation Date: 10/01/97

To Whom It May Concern:

This letter is in response to your Application for Reinstatement.

We did not receive the annual form and therefore overlooked the filing. We have enclosed a check in the amount of \$150.00 to cover the original the annual filing fee. Please waive the penalty and reinstate the corporation, due to the fact that we did not receive the original form.

Thank you in advance for your help and cooperation in this matter.

Sincerely yours,

A handwritten signature in cursive script that reads "Paul Segal". The signature is written in dark ink and is positioned above the printed name.

Paul Segal