PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 13 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543554

1. Corporation Name

TWIN TOWN LEASING CO

2. Principal Office Address	**3.** Mailing Office Address
1100 LEE WAGENER BLVD.	5050 HANCOCK ROAD
Suite, Apt. #, etc.: SUITE 113	Suite, Apt. #, etc.:
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33315 Country: UNITED STATES	Zip: 33330 Country: UNITED STATES

REINSTATEMENT 6-10-01

4. Date Incorporated or Qualified To Do Business in Florida: 08-17-1977

5. FEI Number: 59-1760121 ☐ 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: ROBERT M. PALMER, P.A.

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-06/27/01--01021--025
***1508.75 ***1508.75

Street Address (P.O. Box Number is Not Acceptable): 1200 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.: SUITE 211

City: BOCA RATON, State: FL Zip Code: 33432

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: 06-09-2001

CR2E081 (9/00)

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/D	ROBIN I. GAMBER	5050 HANCOCK ROAD	FT. LAUDERDALE, FL 33330
V/D	CLAYTON I. GAMBER	5050 HANCOCK ROAD	FT. LAUDERDALE, FL 33330
D	ATHLEY K. GAMBER	1000 RIVER REACH DRIVE	FT. LAUDERDALE, FL 33315
			LS

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: _____ CLAYTON I. GAMBER 06-09-20001 954-553-0986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #