

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 JAN -5 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12232004 REIN-P CR2E098 (6/04)

DOCUMENT # 543554				1. Entity Name TWIN TOWN LEASING CO.	
Principal Place of Business 498 SW 34 STREET FT LAUDERDALE, FL 33315				Mailing Address 498 SW 34 STREET FT LAUDERDALE, FL 33315	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1760121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PALMER, ROBERT M., P.A. 104 SE 4TH STREET PENTHOUSE FT LAUDERDALE, FL 33316			Name <u>Robert M. Palmer</u> Street Address (P.O. Box Number is Not Acceptable) <u>3325 NW 15th AVE #200</u> City <u>FT. LAUDERDALE</u> FL Zip Code <u>33309</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Robert M. Palmer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>12/29/04</u>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBER, ROBIN I 5050 HANCOCK ROAD FT LAUDERDALE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMBER, CLAYTON I 5050 HANCOCK ROAD FT LAUDERDALE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100045480451 01/27/05--01014--001 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Clayton I Gamber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>12/23/2004</u>		Daytime Phone # <u>954-355-8989</u>