

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 01, 2008  
Secretary of State**

DOCUMENT# 543554

Entity Name: TWIN TOWN LEASING CO.

**Current Principal Place of Business:**

498 SW 34 STREET  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

3406 SW 9 AVENUE  
FT LAUDERDALE, FL 33315

**Current Mailing Address:**

498 SW 34 STREET  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

3406 SW 9 AVENUE  
FT LAUDERDALE, FL 33315

FEI Number: 59-1760121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNARD, DOUGLAS J ESQ  
110 E. BROWARD BLVD  
SUITE 1700  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DOUGLAS BARNARD, ESQ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAMBER, CLAYTON I  
Address: 9324 NW 50 DORAL CIRCLE N  
City-St-Zip: DORAL, FL 33178

Title: SD ( ) Delete  
Name: GAMBER, ROBIN V  
Address: 9324 NW 50 DORAL CIRCLE N  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON I GAMBER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/01/2008

\_\_\_\_\_  
Date