

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543554

1. Corporation Name

TWIN TOWN LEASING CO.

Principal Place of Business

~~1100 LEE WAGNER BLVD.~~
~~STE. 110~~
FT LAUDERDALE FL 33315

Mailing Address

~~5050 HANCOCK ROAD~~
FT. LAUDERDALE FL 33330

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

2. New Principal Office Address, If Applicable

498 S.W. 34 STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

498 S.W. 34 STREET
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1977

5. FEI Number

59-1760121

Applied For

Not Applicable

City & State

FT. LAUDERDALE FLORIDA

City & State

FT. LAUDERDALE FLORIDA

Zip

33315

Country

USA

Zip

33315

Country

USA

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
PD	GAMBER, ROBIN I	5050 HANCOCK ROAD	FT LAUDERDALE FL 33330
VD	GAMBER, CLAYTON I	5050 HANCOCK ROAD	FT LAUDERDALE FL 33330
D	GAMBER, ASHLEY K.	1000 RIVER BEACH DRIVE	FT. LAUDERDALE FL 33315

800013176378
02/27/03--01085--010 **908.75

8. Name and Address of Current Registered Agent

PALMER, ROBERT M., P.A.

~~1200 N. FEDERAL HIGHWAY~~

~~STE. 211~~

~~BOCA RATON FL 33402~~

9. Name and Address of New Registered Agent

Name Robert M. Palmer

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

1041 S.E. 17th STREET

Suite, Apt. #, Etc.

Penthouse

City

FT. Lauderdale

State

FL

Zip Code

33316

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/16/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2003

Date

954-355-8989

Daytime Phone #

CR2E040 (8/02)