PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -8 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 97-03

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04/08/03--01001--007 **612.50

DOCUMENT # 754093

1. Corporation Name
TWIN HOUSES, INC.

2. Principal Office Address	3. Mailing Office Address
528 20th Avenue North	528 20th Avenue North
Suite, Apt. #, etc.: 3	Suite, Apt. #, etc.: 3
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33460 Country: U.SA.	Zip: 33460 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 9/9/80

5. FEI Number: 59-2088183 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee is required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: Christian N. Scholin, Esquire

Street Address (P.O. Box Number is Not Acceptable): 505 South Flagler Drive

Suite, Apt. #, Etc: 400

City: West Palm Beach State: FL Zip Code: 33401

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 _____ Date: 4/3/03

REGISTERED AGENT MUST SIGN

CR2E080 (10/02)

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	Esko Keihas	#3, 528 20th Ave. North	Lake Worth, FL 33460
S/T D	Samuel Aleide	#3, 528 20th Ave. North	Lake Worth, FL 33460
VP D	Marc Laurore	#4, 528 20th Ave. North	Lake Worth, FL 33460

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: X Esko Keihas Esko Keihas, President 04-01-2003 04-04-2003 561-655-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/8