

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J37127**

1. Corporation Name

Two Gumba, Inc.

2. Principal Office Address

1498 S. Woodland Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1498 S. Woodland Blvd.

Suite, Apt. #, etc.

City & State

DeLand FL

Zip

32720

Country

USA

City & State

DeLand FL

Zip

32720

Country

USA

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-87

5. FEI Number

59-2728627

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

John Bordenga

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

1498 S. Woodland Blvd.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-26-04

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
PDST	John Bordenga	1498 S. Woodland Blvd.	DeLand, FL 32720

500040048135

03/10/04--01065--006 **1350.00

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:

[Signature] **JOHN BORDENGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-26-04/384 532-5893

Daytime Phone #

CR2ED81 (07/04)