

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69483

1. Corporation Name

TWO O SIX, INC.

2. Principal Office Address

c/o GERALD LEVY

3. Mailing Office Address

c/o GERALD LEVY

Suite, Apt. #, etc.

1426 SE 44TH ST.

Suite, Apt. #, etc.

1426 SE 44TH ST.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

Zip

22904

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

592794347

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

BRUCE M. STANLEY, SR.

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

1715 MONROE STREET

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

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

REGISTERED AGENT MUST SIGN

Date 04/27/06

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 | KEVIN KOLLMANN | 11770 ROSEMOUNT DR. | FORT MYERS, FL 33913 |
| VP | BRUCE M. STANLEY, SR. | 2506 MCGREGOR BLVD. | FORT MYERS, FL 33901 |
| ST | GERALD LEVY | c/o 1426 SE 44TH ST. | CAPE CORAL, FL 33904 |
| D | LARS MANSSON | 1504 S.W. 56TH TER. | CAPE CORAL, FL 33914 |
| D | JAMES LANGLEY | 12350 COCONUT CREEK CT. | FORT MYERS, FL 33908 |
| D. | FRITZ LINNENBACK | 1751 S.E. 40TH TERR. | CAPE CORAL, FL 33904 |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE M. STANLEY, SR.

04/27/06 (239) 344-1131

Date

Daytime Phone #

May 23 2006