

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 11 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Twin Towers of Hollywood, Inc.

Principal Place of Business

Mailing Address

339 Virginia Street
Hollywood, FL 33019

339 Virginia Street
Hollywood, FL 33019

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

2. New Principal Office Address, If Applicable 339 Virginia Street		3. New Mailing Office Address, If Applicable 339 Virginia Street		4. Date Incorporated or Qualified To Do Business in Florida 12/27/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0100369	
City & State Hollywood, FL		City & State Hollywood, FL		Applied For Not Applicable	
Zip 33019		Zip 33019		Country USA	
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Jerry Cannis	339 Virginia Street	Hollywood, FL 33019
VP/S	Peggy Cannis	339 Virginia Street	Hollywood, FL 33019
			700004448117--7
			06/27/01--01075--004
			****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Peggy Cannis 339 Virginia Street Hollywood, FL 33019		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City, State, Zip Code	
		State FL	
		Zip Code	

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.

Signature of Registered Agent Peggy Cannis Date 6/1/2001

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Peggy Cannis Peggy Cannis 6/1/2001 (954) 923-9014

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