

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2007 APR 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000045048

1. Limited Liability Company's Name

TWIN VENTURES, LLC

2. Principal Office Address - No P.O. Box #

2925 CROW VALLEY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

2925 CROW VALLEY TRAIL

Suite, Apt. #, etc.

City & State

PLANO, TEXAS

City & State

PLANO, TEXAS

Zip

75023

Country

USA

Zip

75023

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

11/18/2003

6. FEI Number

364547835

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SVENSSON Elshot

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

929 DIPLOMAT PARKWAY EAST

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33909

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Svensson Elshot

REGISTERED AGENT MUST SIGN

Date 04-17-2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KIEEY Elshot	2925 CROW VALLEY TRAIL	PLANO / TX / 75023
MGRM	KIM Elshot	2925 CROW VALLEY TRAIL	PLANO / TX / 75023
			100101775151 05/08/07--01010--022 **150.00
			<b>REINSTATEMENT 05-07</b>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Kim Elshot

Date 4/10/2007 Daytime Phone # 972.312.1737

Typed or printed name of signing Managing Member/Manager