

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013 JAN -4 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000093412**

1. Limited Liability Company's Name

TWINS REALTY LLC

100243319501

01/04/13--01016--007 **516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
10306 USA TODAY WAY

3. Mailing Office Address
10306 USA TODAY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

Zip Country
33025 USA

Zip Country
33025 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **SEPTEMBER 22, 2005**

6. FEI Number

20-3570682

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

JAMES A. GORSUCH

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

10306 USA TODAY WAY

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33025

E-mail Address:

JIMG@GRANITETRANSFORMATIONS.COM

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date **JANUARY 3, 2013**

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	MEPHISTO, INC.	10306 USA TODAY WAY	MIRAMAR, FL 33025

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **JANUARY 3, 2013** Daytime Phone # **786-202-7476**

Typed or printed name of signing Managing Member/Manager **ANDREA DI GIUSEPPE**

N. Culligan JAN - 7 2013