


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <i>NO1000007329</i>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 PM 5:17

DOCUMENT # *NO1000007329*

1. Corporation Name

The Twenty Plus, INC Executive

500025187565
03/03/06--01025--019 ***145.00

REINSTATEMENT *03-06*

2. Principal Office Address

3831 N.W. 10th Ave.

3. Mailing Office Address

3304 N.W. 37th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park FLA.

City & State

Lauderdale Lakes FLA.

Zip

33309

Country

U.S.

Zip

33309

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

16-1628812

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

Greene, Lucille

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

3880 N.W. 5th Ct

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Lucille Greene

REGISTERED AGENT MUST SIGN

Date *2/17/06*

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
<i>Director</i>			
<i>FC</i>	<i>Greene, Lucille</i>	<i>3880 N.W. 5th Ct</i>	<i>Ft. Lauderdale FLA 33311</i>
<i>FP</i>	<i>Williams, Willie M.</i>	<i>3304 N.W. 37th Ave.</i>	<i>Lauderdale Lakes FLA 33309</i>
<i>VP</i>	<i>Bryant, Clara</i>	<i>800 N.W. 33rd Terr</i>	<i>Ft. Lauderdale FLA 33311</i>
<i>S</i>	<i>Norris, Barbara</i>	<i>2520 N.W. 12th Ct</i>	<i>Pompano Beach FLA 33064</i>
<i>FS</i>	<i>Spence, Lisa</i>	<i>10271 N.W. 24th Street</i>	<i>Sunrise FLA 33322</i>
<i>T</i>	<i>Stoner, Gloria</i>	<i>920 S.W. 8th Ave</i>	<i>Hallandale Beach FLA 33009</i>

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: *Willie M Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06
Date

954611-0995-C
954735-0245-H
Daytime Phone #