OCT-24-01 11:33 AM P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 29 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

1. Corporation Name
THE COMPANY OF TWO FRIENDS, INC
P00000058211

REINSTATEMENT 7001

2. Principal Office Address	3. Mailing Office Address
2700 SR. 590	2700 S.R. 590
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33759 County: PINELLAS	Zip: 33759 County: PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida: MAY 15, 2000

5. FEI Number: 59-3446950 — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for Certificate of Status.

7. Name and Address of Current Registered Agent

Name: DONNA K. O'CONNOR

Street Address (P.O. Box Number is Not Acceptable): 740 BUTTONWOOD LANE LS

Suite, Apt. #, Etc.: ~~DUNEDIN, FL 34698~~

City: DUNEDIN State: FL Zip Code: 34698

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: Donna K. O'Connor — REGISTERED AGENT MUST SIGN — Date: 10/26/01

CR2E081 (8.99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DONNA K. O'CONNOR	740 BUTTONWOOD LN ~~2700 S.R. 590~~	DUNEDIN, FL 34698
T			
S			

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 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: Donna K. O'Connor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/26/01 — Daytime Phone #: 727 642-6810