

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 30 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000058211

1. Corporation Name

THE COMPANY OF TWO FRIENDS INC.

2. Principal Office Address

2700 S.R. 590

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33759

Country

USA

3. Mailing Office Address

2700 S.R. 590

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33759

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/2000

5. FEI Number

593646950

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

DONNA K. O'CONNOR

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

740 BUTTWOOD LANE

Suite, Apt. #, Etc.

DUNEDIN, FL

City

200038663302

07/02/04--01079--001 **291 25

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

6/29/04

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
PRESIDENT	DONNA K. O'CONNOR	740 BUTTWOOD LANE	DUNEDIN FL 34698
SECRETARY	DONNA K. O'CONNOR	740 BUTTWOOD LANE	DUNEDIN, FL 34698

03-05-03 01028 004 \$ 758.75

6/29/04

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

6/29/04

Daytime Phone #

727 442-6810

CR2E081 (01/04)