

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 2:34

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038394

**1. Corporation Name**

Twin Rivers Engineering, Inc.

**2. Principal Office Address**

P.O. Box 360643

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32936

Country

USA

**3. Mailing Office Address**

P.O. Box 360643

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32936

Country

USA

REINSTATEMENT

0405

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/12/01

**5. FEI Number**

270008447

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

William J. Williams

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

2217 Woodlawn Circle

Suite, Apt. #, Etc.

City

Melbourne

State  
FL

Zip Code

32934

800061523778

11/17/05--01050--014 \*\*900.00

**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

*William J. Williams*

Date 11/10/05

REGISTERED AGENT MUST SIGN

**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
P/D	William J. Williams	2217 Woodlawn Circle	Melbourne, FL 32934

**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:

*William J. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/05

Date

(321) 759-2429

Daytime Phone #