

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -8 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038394

1. Corporation Name

Twin Rivers Engineering, Inc.

2. Principal Office Address

3900 Dow Road

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

Country

32934

USA

3. Mailing Office Address

P O BOX 360643

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

Country

32936

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

27-0008447

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)

3900 Dow Road

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32934

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

*WJ Williams*

REGISTERED AGENT MUST SIGN

Date

9/3/03

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	3900 Dow Road	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

9/3/03

Date

321-254-7300

Daytime Phone #

CR2E081 (10/02)

7/7/9

# Carpenter & Carpenter

CERTIFIED PUBLIC ACCOUNTANTS P.A.

Phone: 321-952-5200 • Fax: 321-729-4365  
E-mail: carpenter\_cpa@msn.com

*Riverfront Building*  
Web: www.carpentercpa.com

304 South Harbor City Boulevard  
Suite 101 • Melbourne, Florida 32901

September 4, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Twin Rivers Engineering, Inc.  
Document #P01000038394

To Whom It May Concern:

This office represents Twin Rivers Engineering, Inc.

It has just become known to Twin Rivers Engineering, Inc. that the corporation was subject to Administrative Dissolution on October 4, 2002.

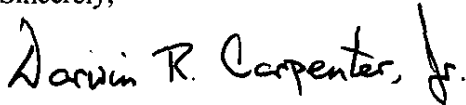
The explanation for this unfortunate event is that the registered agent (Lynn R. Price, Esq.) terminated her representation of the corporation but continued her listing as the business address. Ms. Price failed to forward the Annual Report form to the corporation.

It is respectfully requested that the reinstatement fee be waived for reasonable cause.

Enclosed please find:

- 1.) Corporation Reinstatement.
- 2.) Check in the amount of \$300.00 representing years 2002 and 2003 @ \$150.00.

Sincerely,



Darwin R. Carpenter, Jr. CPA

Enclosure, as stated  
cc: W. J. Williams