

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067577**

1. Corporation Name

**MY TWO SONS CORPORATION**

Principal Place of Business

1149 NW 134TH AVE  
SUNRISE FL 33325

Mailing Address

1149 NW 134TH AVE  
SUNRISE FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2001

5. FEI Number

65-1120495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TSU, ALEX	1149 NW 134TH AVE	SUNRISE FL 33325

8. Name and Address of Current Registered Agent

TSU, ALEX  
1149 NW 134TH AVE  
SUNRISE FL 33325

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-15-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

CR2E040 (7/03)

Oct.15, 2003

My Two Sons Corporation  
1149 NW 134 AVE  
Sunrise, FL 33323

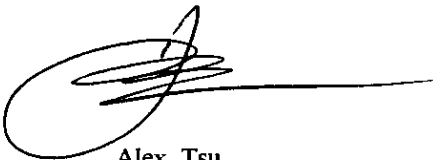
Division Of Corporations  
Annual Report/Reinstatement Section  
PO BOX 6327  
Tallahassee FL 32314-6327

Dear Mr. Tom Gebora,

We had filed the annual report along with a check of \$150.00 back in June 9, 2003. The reason of the report being late was because we didn't get the report until June 4, 2003. The report was deliver to another address with the same "1149" house number. We had notified your office the reason of being late when we received the first notice of penalty, and was adviced that penalty would be waved if we provide a letter of explanation, which we have done that, but we just received another notice of penalty & dissolution of the corporation. We hope this letter will help to solve this problem.

Thank You. Please contact us at 954-846-0036 if you have any question.

Sincerely,

A handwritten signature in black ink, appearing to be 'Alex Tsu', with a long horizontal line extending to the right.

Alex Tsu  
My Two Sons Corporation