


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                      |   |  |
|--------------------------------------|---|--|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Jim Smith</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|                                      |   |  |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 10 AM 10:47

DOCUMENT # P01000090142

1. Corporation Name  
Twin's floor Installation, Inc.

|  |                          |  |                      |
|--|--------------------------|--|----------------------|
| 2. Principal Office Address<br><u>500 SW 66 AV</u> |                          | 3. Mailing Office Address<br><u>11</u> |                      |
| Suite, Apt. #, etc.<br>                            |                          | Suite, Apt. #, etc.<br><u>11</u>       |                      |
| City & State<br><u>Miami, FL</u>                   |                          | City & State<br><u>11</u>              |                      |
| Zip<br><u>33144</u>                                | Country<br><u>U.S.A.</u> | Zip<br><u>11</u>                       | Country<br><u>11</u> |

**REINSTATEMENT 04-05**

|   |  |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><u>9/13/2001</u> | Applied For<br><input type="checkbox"/>    |
| 5. FEI Number<br><u>65-1137259</u>  | Not Applicable<br><input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                       |  |

|   |                    |
|---|--------------------|
| 7. Name and Address of Current Registered Agent                           |                    |
| Name<br><u>Osmir Juan Gonzalez</u>  |                    |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>500 SW 66 AV</u> |                    |
| Suite, Apt. #, Etc.<br>   |                    |
| City<br><u>Miami</u>  | State<br><u>FL</u> |
| Zip Code<br><u>33144</u>  |                    |

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 [Signature] Date 8/3/05

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 |
| PD  | Osmir Juan Gonzalez               | 500 SW 66 AV                                   | Miami, FL 33144    |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |

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)(f), 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] Date 8/3/05 786-299-7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TWIN'S FLOOR INSTALLATION, INC.**  
**500 SW 66 AVE**  
**MIAMI, FL 33144**  
**786.299.7158**

August 03, 2005


Florida Department of State  
Division of Corporations

Re: **TWIN'S FLOOR INSTALLATION, INC.**  
**P01000090142**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in 2004 the mail, so thank you in advance for your time and consideration.

Sincerely,

  
Osmir Juan Gonzalez  
President