

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 15 PM 3:40
TALLAHASSEE, FLORIDA



12112006 REIN-P CR2E098 (11/05)

DOCUMENT # P01000090142 1. Entity Name TWIN'S FLOOR INSTALLATION, INC.	
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Principal Place of Business 500 SW 66 AVE MIAMI, FL 33144	Mailing Address 500 SW 66 AVE MIAMI, FL 33144
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-1137259	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, OSMIR JUAN 500 SW 66 AVE MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11															
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, OSMIR JUAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SW 66 AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33144</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	GONZALEZ, OSMIR JUAN		STREET ADDRESS	500 SW 66 AVE		CITY- ST- ZIP	MIAMI, FL 33144		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: center;"> 200082553722 12/15/06--01004--002 **150.00 </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE	200082553722 12/15/06--01004--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2006

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with other like empowered

SIGNATURE: _____ 12/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR