

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000090142						FILED 07 OCT 26 PM 4:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name TWIN'S FLOOR INSTALLATION, INC.							
Principal Place of Business 500 SW 66 AVE MIAMI, FL 33144		Mailing Address 500 SW 66 AVE MIAMI, FL 33144					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-1137259		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required Not Applicable <input checked="" type="checkbox"/>	
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 _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ, OSMIR JUAN 500 SW 66 AVE MIAMI, FL 33144			TITLE NAME STREET ADDRESS CITY - ST - ZIP	900111402269 10/26/07-01058-025 ***150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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, name or other like empowered.							
SIGNATURE: _____				(786) 299-7158 10/03/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			