

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -6 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106238**

1. Corporation Name **Twiss & Twiss, Inc.**

200137698132
11/06/08--01016--015 **300.00

2. Principal Office Address - No P.O. Box #

1501 Lake Ave SE

Suite, Apt. #, etc.

3. Mailing Office Address

1501 Lake Ave SE

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2001

5. FEI Number

593755782

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

Hale, Fred H

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

5650 Park Blvd

Suite, Apt. #, Etc.

Suite 1

City

Pinellas Park

State

FL

Zip Code

33781

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date

11/3/08

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
D	Ernest P Twiss	7297 Rosetree PL W	Seminole, FL 33772

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-08

Date

727-452-4838

Daytime Phone #

Ernest P. Twiss

2052

To Whom It May Concern:

My corporation, Twiss & Twiss, Inc., had been dissolved on 09/14/2007. This was in error due to the wrong address being shown for the Principal and Mailing Addresses.

The information read:
7297 ROSETREE PL W
SANFORD, FL 32772-5708

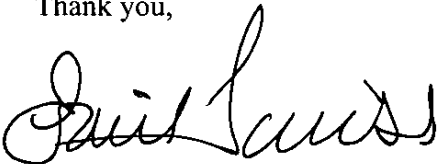
It should have read:
7297 ROSETREE PL W
SEMINOLE, FL 32772-5708

With the city being different, I never received the Annual Report notice. This did not come to my attention until just recently upon checking some records.

I am not sure how this error happened but I would like to file for reinstatement effective immediately.

I am enclosing a check for \$300.00 to cover the past two years of Annual Report fees(2007 and 2008). I'm requesting that the reinstatement fee of \$600.00 be waived due to the error explained above.

Thank you,



Ernie Twiss,
Twiss & Twiss, Inc.