## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TWISTING AIR INC  2. Principal Office Address 3127 Jet Center Terr 3127 Jet Center Terr Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida  To Do Business in Florida  To Do Business in Florida  5. FEI Number 80-00040  6. CERTIFICATE OF STATUS DESIRED COUNTY 34946 USA 34946 USA  7. Name and Address of Current Registered Agent  Name Daniel A. Modas  Street Address (P.O. Box Number is Not Acceptable) 4530 SW 25 Terrace  Suite, Apt. #, Etc.  13/3/30/14-01  City / State Ft. Lauderdale  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.050  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each	ETARY OF STATE HASSEE, FLORIDA
2. Principal Office Address 3127 Jet Center Terr Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ft. Pierce Fl Zip Country 34946  USA  To Do Business in Florida  Ft. Pierce Fl Zip Country 34946  USA  To Name and Address of Current Registered Agent  Name Daniel A. Modas  Street Address (P.O. Box Number is Not Acceptable) 4530 SW 25 Terrace  Suite, Apt. #, Etc.  D3/30/0401  City / State  Ft. Lauderdale  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.050  Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	· ·
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City & State  Ft. Pierce Fl Ft. Pierce Fl So - 00040  Signature of Registered Agent  Ft. Lauderdale  Ft. Lauderdale  Ft. Lauderdale  Ft. Lauderdale  City & State  City & State  City & State  Ft. Pierce Fl Solution  Ft. Pierce Fl Solution  Certificate Of Status Desired  6. CERTIFICATE OF STATUS DESIRED  CERTIF	
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Titles Name of Street Address of Each	<del>-</del>
Officers and/or Directors Officer and/or Director City	/ State / Zip
PD HIMMEL Richard 8515 96 Court Vero Beac	h Fl 32967
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 reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 6 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. on this application is true-hand accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: Richard Himmel /-3/-	47 0404 E.C. Was all 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	17.0401, F.S., that all fees S. The information indicated

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