

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120833

1. Corporation Name

TWISTING AIR INC

2. Principal Office Address

3127 Jet Center Terr

Suite, Apt. #, etc.

City & State

Ft. Pierce Fl

Zip

34946

Country

USA

3. Mailing Office Address

3127 Jet Center Terr

Suite, Apt. #, etc.

City & State

Ft. Pierce Fl

Zip

34946

Country

USA

REINSTATEMENT

B-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0004030

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

Daniel A. Modas

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

4530 SW 25 Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

100031368341

03/30/04--01012--028 **900.00

State
FL

Zip Code
33312

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

Daniel A. Modas

REGISTERED AGENT MUST SIGN

Date

1/31/04

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	HIMMEL Richard	8515 96 Court	Vero Beach 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 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)(i), 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:

Richard Himmel

Richard Himmel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-04

Daytime Phone #

CR2E081 (10/02)