

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 JAN 16 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120833

1. Corporation Name

Twisting Air Inc.

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

3127 Jet Center Terrace

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34946

Country

USA

3. Mailing Office Address

3127 Jet Center Terrace

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34946

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/01

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

Martin Mobarak

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

3127 Jet Center Terrace

Suite, Apt. #, Etc.

City

Fort Pierce, FL

State

FL

Zip Code

34946

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

REGISTERED AGENT MUST SIGN

Date 01/09/08

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
DP	Martin Mobarak	3127 Jet Center Terrace	Fort Pierce, FL 34946

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/08

Date

772-464-0336

Daytime Phone #

11/800