

APPROVAL
AND
FEE

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000020678**

1. Corporation Name

Twin Pilots, Inc

2. Principal Office Address

4613 N UNIVERSITY DRWS

Suite, Apt. #, etc.

#407

City & State

COVINGTON SPRINGS

Zip

FL

Country

USA

3. Mailing Office Address

5321 NW 58TH TER

Suite, Apt. #, etc.

LOCAL SPRINGS

City & State

FL

Zip

33067

Country

USA

CR2E081 0700

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/02

5. FEI Number

75-2998508

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

Shirley Bradley

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

5321 NW 58TH TERRACE

Suite, Apt. #, Etc.

City

COVINGTON SPRINGS

State

FL

Zip Code

33067

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

Shirley Bradley

REGISTERED AGENT MUST SIGN

Date **9/1/05**

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
P	Barry Karpman	8185 NW 47TH DRWS	COVINGTON SPRINGS, FL 33067
<input checked="" type="checkbox"/>	David Bradley	5321 NW 58TH TERRACE	COVINGTON SPRINGS, FL 33067
<input checked="" type="checkbox"/>	Abraham Finkelshtein	12 MARION CT	WESTON, FL 33326

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:

Barry Karpman

Date **9/1/05**

(904) 345-2815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

TWIN PILOTS, INC
4613 N. University Drive
#407
Coral Springs, FL 33067

September 10, 2005

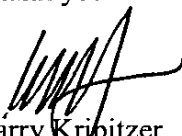
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Please waive the penalty for our reinstatement. We have moved several times and missed the renewal notices.

Enclosed please find our check in the amount of \$450.00

Thank you


Barry Kripitzer
President