

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000096548*

1. Corporation Name
Twin Cellular, Inc.

REINSTATEMENT 03-04

300035535313
05/05/04--01048--018 **300.00

2. Principal Office Address
6410 S. hwy 17-92

3. Mailing Office Address
6410 S. HWY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fern Park, Florida

City & State
Fern Park, Florida

4. Date Incorporated or Qualified
To Do Business in Florida 09/06/2002

5. FEI Number
22-3868913

Applied For
Not Applicable

Zip Country
32730

Zip Country
32730

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nicholas G. DeQuattro

Street Address (P.O. Box Number is Not Acceptable)
6410 S. HWY 17-92

Suite, Apt. #, Etc.

City
Fern Park

State Zip Code
FL 32730

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 *Nicholas DeQuattro* Vice President
REGISTERED AGENT MUST SIGN

Date *4/30/04*

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
<i>D</i>	Michael G. DeQuattro	6410 S. Hwy 17-92	Fern Park, Florida 32730

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: *Michael DeQuattro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Date *4/30/04*
Daytime Phone # *407 834-8946*

*Original
Letter
Sent*

Twin Cellular, Inc.
6410 S. Highway 17-92
Fern Park, FL 32730
Voice: 407-834-8946
Fax: 407-834-5482

To Whom It May Concern:

I would like to first thank you for notifying me that the filing of my Uniform Business Report is past due. I was unaware of this and must apologize emphatically. I have taken immediate action to right the situation.

The reason the report was not filed earlier is because I had recently moved, and because of a mix up when I filed my change of address with the post office my mail was not forwarded to me. Resulting in my ignorance of any such form being required. I have been informed that due to my late filing a \$550.00 filling fee will be assessed. I am hoping that we can reach some sort of agreement, due to the circumstances, where that fee can hopefully be dismissed, or at least reduced. I again apologize for the inconvenience and assure you that no other problems will arise in the future.

Sincerely,

*Nicholas Dequattro
President of Twin Cellular, Inc.
Store Phone: 407-834-8946
twincellular@aol.com*

I recieved this form well after the due date of September. I have tried several times to speak w/ someone and never got a response back.