

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 SEP 21 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/13/04--01050--010 **900.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 02000103614			
1. Corporation Name TWICE AZZ NICE ENTERTAINMENT, INC. 12358 WITHERIDGE DRIVE PO BOX 151472			
2. Principal Office Address 12358 WITHERIDGE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 151472 Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33624	Country USA	Zip 33684	Country USA

4. Date Incorporated or Qualified To Do Business in Florida SEPTEMBER 23, 2002	
5. FEI Number 02-0664837	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MICHAEL A. GONSALES		
Street Address (P.O. Box Number is Not Acceptable) 12358 WITHERIDGE DRIVE		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33624

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 Michael A. Gonsales Date SEPTEMBER 9, 2004

REGISTERED AGENT MUST SIGN

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	MICHAEL A. GONSALES	12358 WITHERIDGE DRIVE	TAMPA, FLORIDA 33624

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 A. Gonsales 9/9/2004 813-785-4167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED01 (01/04)