

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P02000125382 1. Corporation Name Twin Harvesting, Inc.							
Principal Place of Business				Mailing Address			
2. Principal Place of Business				2a. Mailing Address			
21 225 S. K Street				26 225 S. K Street			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
22				27			
City & State				City & State			
23 Lake Worth FL				28 Lake Worth FL			
Zip		County		Zip		County	
24 33460		25 Palm Beach		29 33460		30 Palm Beach	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Corporate Creations Network, Inc. 941 Fourth Street Miami Beach, FL 33139				81 Name			
				Corporate Creations Network Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				11380 Prosperity Farms Road #221E			
83				84 City			
				Palm Beach Gardens FL			
				85 Zip Code			
				33410			
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>Karla L. Sarria Vice President CCNI 9/17/2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE Director <input type="checkbox"/> DELETE NAME Cornielo Juan STREET ADDRESS 225 S. K Street CITY-ST-ZIP Lake Worth, FL 33460				<input type="checkbox"/> Change <input type="checkbox"/> Addition 100041606351 10/05/04--01040--008 **\$300.00			
TITLE Director <input type="checkbox"/> DELETE NAME Andres Sebastian Jose STREET ADDRESS 225 S. K Street CITY-ST-ZIP Lake Worth, FL 33460				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. SIGNATURE <u>Cornielo Juan by K. Sarria as attorney-in-fact</u> 9/17/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Twin Harvesting, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: [Signature]
Juan Cornielo by K. Sarria as attorney-in-fact

Name: Cornielo Juan

Title: Director

Date: 9/17/04