APPLIC	CATION	FLORIDA DEPAR	TMENT OF STATE		
FC REINSTA			y of State CORPORATIONS	FILED	
	TT # P02000125382	21121011011		04 SEP 20 AM 8: 42	
1. Corporation Nat Twin Harv	resting, Inc.			SECRETARY OF STATE	
		_		TALLAHASSEE, FLORIDA	
Principal Place of 1	Business	Mailing Address		REINSTATEMENT 034	
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/2002	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21 225 S. K Street		26 225 S. K Street		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & State 23 Lake Worth	LT.	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
Zip Lake Worth	County	Zip Lake Worth FI	County		
24 33460	25 Palm Beach	29 33460	Bo Palm Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Na	ame and Address of Current Re	egistered Agent		Name and Address of New Registered Agent	
Corpo	rate Creations	Network, 1.	Name Corporate Crea	ations Network Inc.	
, , ,	•	أرث ا		O. Box Number is Not Acceptable) ty Farms Road #221E	
1 1 ami Beach, FL 3		<u>e</u> +	83		
	Miami Beach.	FL 33139	84 City	85 Zip Code	
			Palm Beach Ga	ardens FL 33410	
or registered agent	, or both, in the State of Florida.	Such change was author	rized by the corporation's bo	this statement for the purpose of changing its registered office and 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 Karla L. Sarria Vice President CCNI 9/17/2004					
Sign	ature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signa		
TITLE	OFFICERS AND DIRE			S/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Cornielo Juan	☐ DELETE	1.1 TITLE 1.2 NAME	Change Addition	
STREET ADDRESS	225 S. K Street Lake Worth, FL 33460		1.3 STREET ADDRESS	100041606351 10/05/0401040008 **300.00	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
NAME	Director Andres Sebastian Jose	☐ DELETE	2.1 TITLE 2.2 NAME	Change Addition	
STREET ADDRESS	225 S. K Street Lake Worth, FL 33460		2.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Wordi, PL 53400	DELETE	2.4 CITY-ST-ZIP		
NAME		DELETE	3.1 TITLE 3.2 NAME	Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP					
1		□ DEI ETE	3.4 CITY-ST-ZIP	Change Addition	
NAME		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer	tify that the information supplied	DELETE DELETE with this filing does not	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP qualify for the exemption state	Change Addition Change Addition Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer the information inc	licated on this annual report or su	DELETE DELETE with this filing does not applemental annual repor	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP qualify for the exemption state is true and accurate and that	Change Addition Change Addition Change Addition din Section 119.07(3)(i), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer the information incoath; that I am an my name appears i	licated on this annual report or su	DELETE DELETE with this filing does not applemental annual reportion or the receiver or tru achment with an address.	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP qualify for the exemption state is true and accurate and that stee empowered to execute the	Change Addition Change Addition Change Addition d in Section 119.07(3)(i), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby cer the information inc oath; that I am an my name appears i SIGNATURE	licated on this annual report or su officer or director of the corporat	DELETE DELETE with this filing does not applemental annual reportion or the receiver or tru achment with an address. Comielo Ju	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP qualify for the exemption state is true and accurate and that stee empowered to execute than by K. Sarria as attorney-in	Change Addition Change Addition Change Addition d in Section 119.07(3)(i), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that	

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

Re: Twin Harvesting, Inc.

Enclosed are the following:

2003, 2004

- 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:

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.	_
dissolved. Thank you.	
By: Juan Cornielo by K. Sarria as attorney-in-fact	
Name: Cornielo Juan	
Fitle: Director	
Date: 9 17 04	
1	