

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 31 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000041340					
1. Entity Name TWIN GRAPHIX, INC.					
Principal Place of Business 4439 SKYDIVE LANE ZEPHYRHILLS, FL 33542			Mailing Address 4439 SKYDIVE LANE ZEPHYRHILLS, FL 33542		
2. Principal Place of Business 5037 Gall Blvd Suite, Apt. #, etc.		3. Mailing Address 5037 Gall Blvd Suite, Apt. #, etc.			
City & State Zephyrhills, FL		City & State Zephyrhills, FL		4. FEI Number 58-2669795	
Zip 33542	Country USA	Zip 33542	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, PATRICIA A 4439 SKYDIVE LANE ZEPHYRHILLS, FL 33542			7. Name and Address of New Registered Agent Name Thomas, Patricia A. Street Address (P.O. Box Number Is Not Acceptable) 3637 Florida Ranch Blvd City Zephyrhills FL Zip Code 33541		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE V-P X 5/24/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PATRICIA A 4439 SKYDIVE LANE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patricia Thomas 3637 Florida Ranch Blvd Zephyrhills, FL 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOAMS, DEREK A 4439 SKYDIVE LANE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Derek A Thomas 3637 Florida Ranch Blvd Zephyrhills, FL 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAPER, JESSICA 8949 GALL BLVD. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800055388778 06/10/05--01002--011 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAY, JASON 3637 FLORIDA RANCH BLVD. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800055988778 06/10/05--01002--012 **600.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAY, SPENCER 3242 TRISH DRIVE ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 04-05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X V-P X 5/24/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					