

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 21 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000119718

1. Corporation Name

TWIN PALMS Custom Creations, Inc.

2. Principal Office Address

415 SE Madison Ave

Suite, Apt. #, etc.

B

City & State

STUART FL.

Zip

34996

Country

MARTIN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

FI

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-92

5. FEI Number

11-3674550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

TOM HAYDEN

Street Address (P.O. Box Number is Not Acceptable)

415 SE MADISON AVE.

Suite, Apt. #, Etc.

STUART FI

City

State

FL

Zip Code

34996

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-1-06

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
P.	TOM HAYDEN	415 SE MADISON AVE STUART FI	STUART FL 34996
V.P.	JEREMY HAILOK	9393 KEATING DR.	Palm Beach Gardens FL 33403

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 contained in Chapter 119, 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:

[Signature] Tom HAYDEN

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-06 (772) 341-5077

Date

Daytime Phone #

2082

To whom it may concern,
I am writing
this letter to waive any
late fees due to the fact
I did not receive any
prior letters thank you

12-1-06

JMS
Tom Hayden

Note 12-17-06
Modification of letter (N)

The years I did not
receive any documents for
Incorporation were 2005 & 2006
thank you!

JMS