

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000086277		
1. Entity Name THE TWIN'S HEAVY EQUIPMENT, CORP.		

Principal Place of Business 13410 SW 66 ST MIAMI, FL 33183	Mailing Address 13410 SW 66 ST MIAMI, FL 33183
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
MEDINA, HERNAN 13410 SW 66 ST MIAMI, FL 33183	

FILED
2008 MAY 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

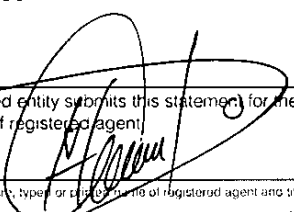


REINSTATEMENT 07-08

4. FEI Number 20-3004241	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

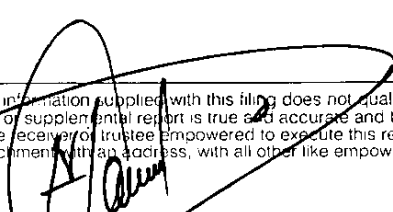
SIGNATURE:  DATE: 4/17/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEDINA, HERNAN	NAME	
STREET ADDRESS	13410 SW 66 ST 6267 SW 135 AVE	STREET ADDRESS	300128026063
CITY-ST-ZIP	MIAMI, FL 33183 Miami, FL 33183	CITY-ST-ZIP	05/01/08--01012--006 **300.00
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEDINA, ERNESTO	NAME	
STREET ADDRESS	13410 SW 66 ST 6267 SW 135 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183 Miami, FL 33183	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #