

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL -7 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000100039**

1. Corporation Name

**TWO BROTHERS A/C INC.**

800158206758  
07/07/09--01019--010 \*\*450.00

800158206758  
07/07/09--01019--011 \*\*8.75

**REINSTATEMENT 08-09**

2. Principal Office Address - No P.O. Box #

**1525 Suffolk St. N.**

Suite, Apt. #, etc.

**N/A**

City & State

**ST. Petersburg, FL**

Zip

**33710**

Country

**Pinellas**

3. Mailing Office Address

**1525 Suffolk St. N.**

Suite, Apt. #, etc.

**N/A**

City & State

**ST. Petersburg, FL**

Zip

**33710**

Country

**Pinellas**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2007**

5. FEI Number

**20-5293187**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **Angel M. Vargas Jr.**

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

**1525 Suffolk St. N.**

Suite, Apt. #, Etc.

**N/A**

City

**ST. Petersburg**

State

**FL**

Zip Code

**33710**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

**Angel M. Vargas Jr.**

REGISTERED AGENT MUST SIGN

Date **7-1-09**

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	Angel M. Vargas Jr.	1525 Suffolk St. N. ST. Petersburg, FL 33710	ST. Petersburg, FL 33710
V	Herman Vargas	4823 49th Ave N	ST. Petersburg, FL 33714

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:

**Angel M. Vargas Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-1-09**

Date

**727-637-1578**

Daytime Phone #