


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000047317 1. Entity Name TWINS TOURS TRANSPORTATION, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 09 MAR 24 PM 12:01

Principal Place of Business 3870 NW 183RD STREET #105 MIAMI, FL 33055	Mailing Address 3870 NW 183RD STREET #105 MIAMI, FL 33055
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2. Principal Place of Business - No P.O. Box # 1545 MIAMI RD Suite, Apt. #, etc. 104	3. Mailing Address 1545 MIAMI RD Suite, Apt. #, etc. 104
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03182009 REIN-P CR2E098 (1/07)

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL		
Zip 33316	Country	Zip 33316	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH K. NOFIL P.A. 3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RODRIGUEZ, JOHNNY O 3870 NW 183RD STREET #105 MIAMI, FL 33055	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1545 MIAMI RD FORT LAUDERDALE, FL 33316

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: *Dominguez* 3/18/09 (305) 494 6308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date