# 2013 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jan 03, 2013**
**Secretary of State**

DOCUMENT# P10000094924

**Entity Name:** TWINKLE TOES E.L.C. INC.

**Current Principal Place of Business:**

399 N. ORANGE AVE
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

399 N. ORANGE AVE
ORANGE CITY, FL 32763 US

**New Mailing Address:**

**FEI Number: 59-3738036** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLMAKER, KATHY R
399 N, ORANGE AVE.
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KATHY WELLMAKER
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: WELLMAKER, KATHY R
Address: 399 N, ORANGE AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP
Name: SUGGS, JACKIE
Address: 1154 ALGOMA ST.
City-St-Zip: DELTONA, FL 32725 US

Title: S
Name: WELLMAKER, ANGELA
Address: 399 N. ORANGE AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

Title: T
Name: HELLER, FRED SR.
Address: 138 E.FRENCH AVE.
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHYRN WELLMAKER OWNE 01/03/2013
Electronic Signature of Signing Officer or Director Date