

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN -3 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078002

1. Corporation Name  
TWIN RIVERS PROPERTIES, INC.

Principal Place of Business  
517 N COURTENAY PKWY  
MERRITT ISLAND FL 32953

Mailing Address  
517 N COURTENAY PKWY  
MERRITT ISLAND FL 32953



REINSTATEMENT *al*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	10/24/1994
Suite, Apt. #, etc. 515 N. COURTENAY PKWY Merritt Island FL	Suite, Apt. #, etc. 515 N. COURTENAY PKWY Merritt Island FL	5. FEI Number	59-3271509
City & State	City & State	Applied For	Not Applicable
Zip	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
Country	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VSM	HUTCHINS, ANN D	3355 N TROPICAL TRAIL	MERRITT ISLAND FL 32953
D	FOW, ROBERT E	1495 NEWFOUND HARBOR DR	MERRITT ISLAND FL 32952
DPT	FOW, LINDA	1495 NEWFOUND HARBOR DR	MERRITT ISLAND FL 32952
D	SORGET, ROBERT L	3355 N TROPICAL TR	MERRITT ISLAND FL 32953
3000002051949-3			
01/03/97-01019-022			
****375.00 ****375.00			
YB1-6-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUTCHINS, ANN D 517 N COURTENAY PKWY MERRITT ISLAND FL 32953	Name 900002051949-3
	Street Address (P.O. Box Number is Not Applicable) 01/03/97-01019-022
	Suite, Apt. #, Etc. ****375.00 ****375.00
	City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Ann D. Hutchins*  
REGISTERED AGENT MUST SIGN

Date 12-30-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Ann D. Hutchins, Ann D. Hutchins* 12-30-96 (407) 455-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)