


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 17 PM 12:26																									
DOCUMENT # P 94000091682																													
1. Corporation Name TWIN LAKES RANCHETTES INC.																													
2. Principal Office Address 750 N. ATLANTIC AVE Suite, Apt. #, etc. 306 City & State COCO A. BEACH, FL. Zip 32931 Country BREVARD.		3. Mailing Office Address SAME. Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 95-D1																									
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 59-3292329 Applied For Not Applicable																									
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																									
7. Name and Address of Current Registered Agent																													
Name CLIFFORD A. SCHILL SR. Street Address (P.O. Box Number is Not Acceptable) 750 N. ATLANTIC AVE Suite, Apt. #, Etc. 306 City COCO A. BEACH State FL Zip Code 32931																													
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 Clifford A. Schill Sr. REGISTERED AGENT MUST SIGN Date 10/15/01																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PRES.</td><td>CLIFFORD A. SCHILL SR.</td><td>750 N. ATLANTIC AVE #306</td><td>COCO A. BEACH, FL. 32931</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES.	CLIFFORD A. SCHILL SR.	750 N. ATLANTIC AVE #306	COCO A. BEACH, FL. 32931																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																										
PRES.	CLIFFORD A. SCHILL SR.	750 N. ATLANTIC AVE #306	COCO A. BEACH, FL. 32931																										
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 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: CLIFFORD A. SCHILL SR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/01 Daytime Phone # 321-784-2288																													

CR2E081 (9/99)