

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 22 PM 3:08

DOCUMENT # P94000093388

1. Corporation Name

Two-Noles, Inc.

2. Principal Office Address

312 W. 1st St.

Suite, Apt. #, etc.

3. Mailing Office Address

312 W. 1st St.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

100016676081

04/22/03--01072--003 \*\*1065.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12-28-94

5. FEI Number

593292401

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

DONALD R. REED

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

312 W. 1st St.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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

*Donald R. Reed*

REGISTERED AGENT MUST SIGN

Date

4/14/03

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

PST DONALD R. REED

312 W. 1st St.

SANFORD, FL 32771

**REINSTATEMENT**

97-03

qB  
-4/30

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:

*Donald R. Reed* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DONALD R. REED

Date

4/14/03  
Daytime Phone #

CR2E081 (10/02)