

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075652

1. Corporation Name

Two Ways Corporation

000086460360
01/29/07--01053--023 **2550.00

REINSTATEMENT

2. Principal Office Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

117

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Office Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

117

City & State

Jacksonville, FL

Zip

32225

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1995

5. FEI Number

65-0626170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dionisio A Manrique

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

13563 Teddington Lane

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32226

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

REGISTERED AGENT MUST SIGN

Date **Feb 06 2006**

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
D	Dionisio A Manrique	13563 Teddington Ln	Jacksonville, FL 32226

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 06 2006

Date

904-233-7939

Daytime Phone #

B. Mitchell JAN 25 2007