

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000056020			
<b>1. Corporation Name</b>  TWIN TOWERS CONSTRUCTION, INC.			
<b>Principal Place of Business</b> 2655 LEJEUNE ROAD CORAL GABLES, FL 33134		<b>Mailing Address</b> 2655 LEJEUNE ROAD CORAL GABLES, FL 33134	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, if Applicable</b> 2021 WEST 1ST STREET Suite, Apt. #, etc. SUITE A City & State FT. MYERS, FL Zip 33901		<b>3. New Mailing Office Address, if Applicable</b> 2021 WEST 1ST STREET Suite, Apt. #, etc. SUITE A City & State FT. MYERS, FL Zip 33901	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06-27-96	
		<b>5. FEI Number</b> 65-0679905	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	JEROME G. SCROGGINS	2021 WEST 1ST ST. STE A	FT. MYERS, FL 33901
V.P.	MICHAEL S. SCROGGINS	2021 WEST 1ST ST. STE A	FT. MYERS, FL 33901
<b>8. Name and Address of Current Registered Agent</b>  ZAEDY R. POZO 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES, FL 33134		<b>9. Name and Address of New Registered Agent</b> Name JEROME G. SCROGGINS Street Address (P.O. Box Number is Not Acceptable) 2021 WEST 1ST STREET Suite, Apt. #, Etc. SUITE A City FT. MYERS State FL Zip Code 33901	
<b>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.</b> Signature of Registered Agent: <i>[Signature]</i> <b>REGISTERED AGENT MUST SIGN</b> Date: <b>3-10-99</b>			
<b>11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
<b>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 name 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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>JEROME G. SCROGGINS</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>MAR 09 1999</b> Date Daytime Phone #	

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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