

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 AUG 22 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000071940

**1. Corporation Name**  
TWINSTAR OPTICS & COATINGS, INC.

**REINSTATEMENT 02-03**

**2. Principal Office Address**  
6741 Commerce Avenue  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
6741 Commerce Avenue  
Suite, Apt. #, etc.

**City & State**  
Port Richey, FL 34668

**City & State**  
Port Richey, FL 34668

**Zip** 34668 **Country** USA

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**4. Date Incorporated or Qualified  
To Do Business in Florida** 08/28/1996

**5. FEI Number** 59-3401532 **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**  
ROBERT A. THOMAS

**Street Address (P.O. Box Number is Not Acceptable)**  
6741 Commerce Avenue

**Suite, Apt. #, Etc.**

**City** Port Richey

**State** FL **Zip Code** 34668

500022517545  
08/22/03--01062--010 \*\*\*100.00

**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** *Robert A. Thomas*  
REGISTERED AGENT MUST SIGN

**Date** Aug 20, 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
V/S/D	ROBERT A. THOMAS	6741 Commerce Avenue	Port Richey, FL 34668
P/T/D	MAGDALENE THOMAS	6741 Commerce Avenue	Port Richey, FL 34668

**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:**

*Magdalene Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDALENE THOMAS

8/19/2003

847-2300

Date

Daytime Phone #

CR2001 (10/02)

*As/L5*