

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

04 NOV 24 AM 8:00

DOCUMENT # P96000074992

1. Corporation Name

TWINS MARINE, INC.

2. Principal Office Address

1101 BRICKELL AV.

Suite, Apt. #, etc.

1202

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1101 BRICKELL AV.

Suite, Apt. #, etc.

1202

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1996

5. FEI Number

650696290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

MRE

7. Name and Address of Current Registered Agent

Name

ALONSO GARCIA

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

300 SEVILLA AVE.

Suite, Apt. #, Etc.

201

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/04

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	FIONA CONSTAIN	166 EAST 63 ST.	NEW YORK, NY 10021
		APT. 9D	

600043001786
11/24/04--01050--011 **900.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/04

Daytime Phone #

(305)
377-8851