

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 3:43

**DOCUMENT # P96000104564**

1. Corporation Name  
**TWIN PEAKS, INC.**

Principal Place of Business <b>10749 N. MAIN ST. JACKSONVILLE FL</b>	Mailing Address <del><b>10749 N. MAIN ST. JACKSONVILLE FL</b></del>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>01/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>12289 Hood Landing Rd.</b>		5. FEI Number <b>59-3423613</b>	
City & State		City & State <b>Jacksonville FLA.</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		<b>32258</b>	<b>U.S.A.</b>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ADKINS, MARIA D	10749 N. MAIN ST.	JACKSONVILLE FL

600003455666--6  
-11/07/00--01094--018  
\*\*\*\*750.00 \*\*\*\*750.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>ADKINS, MARIA D</b> <b>10749 N. MAIN ST.</b> <b>JACKSONVILLE FL</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State / Zip Code
	<b>FL</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.

Signature of Registered Agent *Maria Adkins* **SIGNATURE REQUIRED** Date 10-19-2000  
REGISTERED AGENT MUST SIGN

11. 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)(f), 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: *Maria Adkins* **SIGNATURE REQUIRED** Maria D Adkins Date 10-19-2000 904 382 0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/00)