

P96000/04564

(Requestor's Name)

(Address)

(Address)

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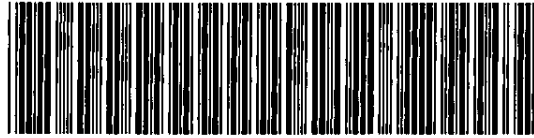
(Business Entity Name)

(Document Number)

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07 APR -2 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts APR 02 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2007

DEBBIE CREGO  
DEBBIE'S ACCOUNTING SERVICE INC  
P O BOX 16952  
JACKSONVILLE, FL 32245

SUBJECT: TWIN PEAKS, INC.  
Ref. Number: P96000104564

We have received your document for TWIN PEAKS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2004 annual report. The entity must be reinstated before this document can be filed.

Please complete the enclosed form and return it to us with a check for \$1200.00 in order to complete your reinstatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 007A00015821

RECEIVED  
07 MAR 20 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TWIN PEAKS II, Inc

**DOCUMENT NUMBER:** P9600104564

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Crego  
(Name of Contact Person)

Debbie's Accounting Service Inc  
(Firm/ Company)

P.O. Box 16952  
(Address)

Jacksonville, Florida 32245  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Debbie Crego at ( 904 ) 733-4547  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



The date of each amendment(s) adoption: FEBRUARY 14, 2007

Effective date if applicable: FEBRUARY 14, 2007  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature M. Adkins  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA D. ADKINS  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)

**FILING FEE: \$35**