

P96000/04564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

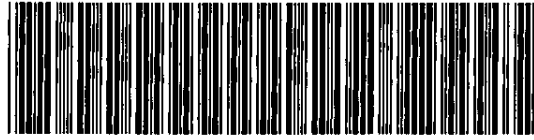
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2004 annual report.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

FILED

Articles of Amendment
to
Articles of Incorporation
of

07 APR -2 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TWIN PEAKS, INC

(Name of corporation as currently filed with the Florida Dept. of State)

P9600104564

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

TWIN PEAKS II, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

N/A

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

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