PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037892

REINSTATEMENT 00-03

1. Corporation Name

TWO STRONG INC.

2. Principal Office Address	3. Mailing Office Address
11801 N.W. 100 RD.	11801 NW. 100 RD
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
City & State MEDLEY FLA	City & State MEDLEY FLA
Zip 33178 Country MIAMI DADE	Zip 33178 Country MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650748083 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 THOMAS J. PORTAL

Street Address (P.O. Box Number is Not Acceptable) 11801 NW. 100 RD.

Suite, Apt. #, etc. SUITE 1

City MEDLEY FLA State FL Zip Code 33178

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03/17/03--01016--015 ** 200.00

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 _____ Date 3-7-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	THOMAS J PORTAL	11801 NW 100 RD.	MEDLEY FLA
		SUITE 1	33178

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: _____ THOMAS PORTAL 3-7-03 (305) 888-4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #