

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:44

DOCUMENT # P98000043786

1. Corporation Name

TWIN CITY OPERATIONS, INC.

SECRETARY OF STATE
REINSTATEMENT 02



800009420398
01/27/03--01060--016 **\$600.00

Principal Place of Business

4504 B HIGHWAY 20 EAST
NICEVILLE FL 32578

Mailing Address

PO BOX 5096
BLUEWATER STATION
NICEVILLE FL 32578

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

05/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3565537

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|-----------------|---|--|-------------------------------|
| PVPT | PUTZ, JUERGAN | 4504 B HIGHWAY 20 EAST | NICEVILLE FL 32578 |
| P | Manfred Nilles | 4504 B HIGHWAY 20 E | NICEVILLE, FL 32578 |
| VP | Lutz Kuhn | 4504 B HIGHWAY 20 E | NICEVILLE, FL 32578 |
| | | | |
| | | | |
| | | | |

800009420398
12/09/02--01078--000 **\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERMANN, RICHARD P
25 NE WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

Name

Lutz Kuhn

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

4504 B HIGHWAY 20 E

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 12.5.02

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)(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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-5-02

CR20040 (8/02)