

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Bathel in Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:20

DOCUMENT # P98000046128

1. Corporation Name

FLORIDA TWINS CORPORATION

2. Principal Office Address

521 Lincoln Rd

Suite, Apt. #, etc.

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3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33175

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/98

5. FEL Number

65-1040718

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

ELIANA COHEN

100003440911--9

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

13805 SW 50 TERRACE

-10/26/00--01083--024

****150.00 ****150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/11/2000

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
Pres	ELIANA COHEN	same as above	
V.P.	DORA LITVINOV	100 Kings Point Dr	North Miami Beach,
			FL. 33160

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Oct. 11/2000 305 692 8888

Daytime Phone #

FLORIDA TWINS CORP.
13805 SW 50TH TERRACE
MIAMI, FL. 33175

Request taken by: keckel
09-28-2000

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

As per our conversation I have
told you that the papers for
renewal were lost in the mail.
I have never received them.
You told me to send a cheque for \$50 -
Thank's for your
cooperation.