

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082159

1. Corporation Name

TWIN SALES, INC.

Principal Place of Business

1440 JFK CAUSEWAY
SUITE # 323
N BAY VILLAGE FL 33141
US

Mailing Address

1440 JFK CAUSEWAY
SUITE # 323
N BAY VILLAGE FL 33141
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1998

5. FEI Number

65-0865358

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ABIKOFF, HARVEY	1440 JFK CAUSEWAY	N BAY VILLAGE FL 33141
D	ABIKOFF, LOWELLA	1440 JFK CAUSEWAY	N BAY VILLAGE FL 33141

4000008760334

11/01/02--01073--020 **150.00

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

HARVEY A. A. KOFF

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

1440 JFK CAUSEWAY

Suite, Apt. #, Etc.

323

City

N. Bay Village,

State

FL

Zip Code

33141

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

305-865-2611

CR2E040 (8/02)

225 n.e. mizner blvd., ste. 250
boca raton, florida 33432

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

October 30, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Twin Sales, Inc.
EIN: 65-0865358


Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. They have just received the enclosed Application for Reinstatement. Please be advised that prior to receipt of this application they did not receive any other correspondence or the original report. A review of their history will reflect all prior reports have been timely filed. Apparently, due to the changing of suites the prior correspondence was not received.

Enclosed is the completed Application for Reinstatement along with a check in the amount of \$150.00. Kindly waive the additional fees due to the fact that the original report was not received and the taxpayer has always complied in the past.

Should you require any additional information, please do not hesitate to contact us

Very truly yours,



Scott F. Berger
Principal
Kaufman, Rossin & Co.

Enclosures

Cc: Harvey Abikoff

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