

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 2:03

DOCUMENT # P.99000022022

1. Corporation Name

TWIN COUNTY RESTAURANT EQUIPMENT REPAIRS, INC.

Principal Place of Business

Mailing Address

395 CLANCEY CIRCLE  
MARGATE FL 33068

395 CLANCEY CIRCLE  
MARGATE FL 33068



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

03/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0907109-1902-12

Not Applicable

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DELGADO, RICHARD	395 CLANCEY CIRCLE	MARGATE FL 33068
VSTD	DELGADO, BARBARA A	395 CLANCEY CIRCLE	MARGATE FL 33068

000003506530--9  
-12/20/00--01007--017  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
TWIN COUNTY REST. EQUIP. REPAIRS, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
395 CLANCEY CIRCLE  
Suite, Apt. #, Etc.  
MARGATE  
City  
State  
FL  
Zip Code  
33068

USE SAME

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/27/00

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: Barbara Delgado BARBARA DELGADO 12/18/00 (954) 973-6074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/27/00 (954) 973-6074  
Daytime Phone #

PA9006022022

(2)

# TWIN COUNTY RESTAURANT EQUIPMENT REPAIRS

Richard Delgado  
395 CLANCEY CIRCLE  
MARGATE, FLORIDA 33068

(954) 973-6074  
Beeper (954) 521-5545

## Statement

To:  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327  
(850) 487-6059

DATE	WORK ORDER #	DESCRIPTION	CHARGES	CREDITS	BALANCE
		<p>To Whom it may concern:</p> <p>Pleas accept both my apology and my check for \$150.00. I am asking you to allow me this one time late payment. I <del>do not remeber ever receiving this bill</del> in March. This is the first bill or notice I have recieved and am responding now. I just opened my corp. in March of 99 and was not aware of the yearly fee. I will in the future remember to expect recieving one and will watch out for it. Again please waive extra fee and penalty. Thank you.</p> <p>Sincerely,</p> <p>Barbara Delgado VSTD</p>			

PAY LAST AMOUNT IN BALANCE COLUMN

BALANCE

There will be a \$25.00 charge for a check returned for any reason.