

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000035450

**FILED  
Jan 23, 2006  
Secretary of State**

**Entity Name:** TWIN VISION, INC.

**Current Principal Place of Business:**

186 NW 108 AVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

186 NW 108 AVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 65-0918213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KOHN, TRICIA J  
186 NW 108 AVE  
CORAL SPRINGS, FL 33071      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRICIA KOHN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            VD            ( ) Delete  
Name:            KOHN, JAMES B  
Address:        186 NW 108 AVE  
City-St-Zip:    CORAL SPRINGS, FL 33071

Title:            PD            ( ) Delete  
Name:            KOHN, TRICIA J  
Address:        186 NW 108 AVE  
City-St-Zip:    CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PD            (X) Change ( ) Addition  
Name:            KOHN, JAMES B  
Address:        186 NW 108 AVE  
City-St-Zip:    CORAL SPRINGS, FL 33071

Title:            VD            (X) Change ( ) Addition  
Name:            KOHN, TRICIA J  
Address:        186 NW 108 AVE  
City-St-Zip:    CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRICIA KOHN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VD

01/23/2006

\_\_\_\_\_  
Date