PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR -REINSTATEMENT FILED P99000068372 **DOCUMENT #** 01 OCT 24 AM 10: 35 1. Corporation Name SECRETARY OF STATE TALLAHASSEE: FLORIDA TWO AND TWO ENTERPRISE, INC. Principal Place of Business Mailing Address 4293 WILLOW BROOK CIRCLE 4293 WILLOW BROOK CIRCLE WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 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 Date Incorporated or Qualified
To Do Business in Florida 1616 C-7 N Florida Mango Rd 1616 N. Flor: da Mango Rd 08/02/1999 5. FEI Number 65-0949742 Not Applicable West Palm \$8.75 Additional Fee requ CERTIFICATE OF STATUS DESIRED for a Certificate of State Alm 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip DAI, CHARLES 4293 WILLOW BROOK CIRCLE WEST PALM BEACH FL 33417 D٩ 13825A yarmouth Dr. MI HAYES DWHER 8. Name and Address of Current Registered Agent MI HAYES DAI. CHARLES ---Street Address (P.O. Box Number is Not Acceptable 4293 WILLOW BROOK CIRCLE 13825 Yarmouth WEST PALM BEACH FL 33417 Welling to N 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.

Applied For



Zip Code 10/18/01 (561)616-8977

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:

APPLICATION

SIGNATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

REDISTERED AGENT MUST SIGN

1616 C-7 N. FLORIDA MANGO RD WEST PALM BEACH, FL 33414 PH: (561) 616-8977 FAX: (561) 721-3120

TWO AND TWO ENTERPRISE, INC.

October 19, 2001

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314-6327

Dear Sir or Madam:

Do to change of address and we have not received application to file on time.

We are sending application and fee at this time, Please accept our apology.

...

Mi Hayes-OWNER