PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

00-01 VBR

FILED
01 NOV 26 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075027

1. Corporation Name
Mistertwister Inc
P99000075027

2. Principal Office Address	3. Mailing Office Address
4225 SW 57 Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie Florida	City & State
Zip: 33314 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 65 0944507 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

500004724555--5
12/13/01 01041 025
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St Tallahassee

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: Nov-21/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Arno Brays	800 SE 5th Terrace	Pompano Beach Florida 33060

10. I certify that I am an officer or director of the corporation 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: Arno Brays Nov 15/2954587 6321

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Mister Twister Inc 4225 SW 57 Ave Davie Fl 33314

FAX urgent

Date: NOV 10 2001

Number of pages including cover sheet: ____

To: REINSTATEMENT
SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASEE FL 32314

Phone:

Fax phone:

CC:

From: AMO BLAZYS

Phone: (954) 587-6321

Fax phone: (954) 587-6327

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

WE NEVER RECIEVED A RENEWAL FORM FOR THE YEARLY FILLING. WE WOULD LIKE TO RENEW OUR CORPORATION MR TWISTER INC

FEE 300.00 AS PER OPERATOR
1850-245-6059
WWW.SUNBIZ.ORG