

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082217

1. Corporation Name

BIMINI TWIST, INC.

REINSTATEMENT 08-09
200163365452
12/07/09--01016--006 **300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
8480 Okeechobee Blvd.

3. Mailing Office Address
13700 Blue Fox Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Palm Beach Gdns, FL

Zip

33411

Country

US

Zip

33418

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida **9/13/1999**

5. FEI Number
65-0997849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James K. Taube

Street Address (P.O. Box Number is Not Acceptable)
1075 A1A North

Suite, Apt. #, Etc.

City
Jupiter

State
FL

Zip Code
33477

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **December 2, 2009**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	James K. Taube	1075 A1A, North	Jupiter, FL 33477

10. E-mail Address: **jdbrede1@bellsouth.net**

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
12/4/09

Date

561-
743-8166

Daytime Phone #

12/7/09