## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # P99000082217  1. Copporation Name  BIMINI TWIST, INC.    District Note   District Name   District Note					•			
DOCUMENT # P99000082217  1. Corporation Name  BIMINI TWIST, INC.    Patricipal Office Address - No P.O. Box #   3. Maining Office Address   8480 Okeechobee Blvd.   13700 Blue Fox Place   12/07/09-01016-005   **300.00		56 Go 2 1 4 5 6	Se	ecretary of State	0	ONEC-7 PM 4:	07	
2. Pernogal Office Address - No P.C. Box # 3. Maling Office Address B480 Okeechobee Bivd. 13700 Blue Fox Place   200163365452   12/07/09-01016-006   ***300,00   CREEDER (11/199)   200163-006   200163-0						SECRETARY OF STATE TALLAHASSTE, FLORIDA		
2. Pernogal Office Address - No P.C. Box # 3. Maling Office Address B480 Okeechobee Bivd. 13700 Blue Fox Place   200163365452   12/07/09-01016-006   ***300,00   CREEDER (11/199)   200163-006   200163-0	·							
2. Principal Office Address - No P.O. Box # 8480 Okeechobee Blvd. 13700 Blue Fox Place 12/07/09-01016-006 #\$300.00 Care #\$300.00	BIMINI I WIST, INC.						m 400 -0	
### Agoin Blue Fox Place    12/07/09-01016-006   ### 300, 00								
Sulta, Apt. 8, etc.    Sulta, Apt. 8, etc.   Sulta, Apt. 8, etc.	Principal Office Address - No P.O. Box # 3, Mailing C.				<u>ال</u> احي ر 12/07/	U1633554 19901016006	∤ጋ፫ **300 በ0	
City & State  West Palm Beach, FL  Palm Beach Gdns, FL  ID  Country  33411  City Size  To Do Business in Florida 9/13/1999  5. FEI Number 65-0997849  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. Learn gappointed the registered agent of the Address (P.O. Box Number is Not Acceptable)  1075 ALA North  Sure. Apt. # Etc.  City  Jupiter  8. Learn gappointed the registered agent of the Address of Current Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Palmes K. Taube  10. E-mail Address; jebrade1@bellsouth.net  11. Learny that I am an officer or director or the receiver or trustee empowered to excute this application as provided for in chapter 507 or 617. F.S. I further currity that when filing his reinstature application, the receiver or this application is true and accurate, and my signature shall have the same legal effect as if mass under this application is true and accurate, and my signature shall have the same legal effect as if mass under this.	8480 Okeech	obee Blvd.	13700 Blue Fox Place					
City & State  West Palm Beach, FL Palm Beach Gdns, FL 2ip 33411 US 33418  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. Taube  Street Address (P.C. Box Number is Not Acceptable)  10. Provided Fig. State  10. Provided Fig. St	Suite, Apt. #, etc. Suite, Ap			c.	4. Batalanaan			
State   Palm Beach Gdns, FL   State   Palm Beach Gdns, FL   27p   33411   US   33418   US   5. FEI Number   Sc. 0997849   5.					To Do Business in Florida 9/13/1999			
2p   33411   US   33418   US   6   CERTIFICATE OF STATUS DESIRED     58.75 Additional Fee required or a Certificate of Status   7. Name and Address of Current Registered Agent   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Number is Number is Not Acceptable)   7. Name and Street Address (P.O. Box Number is Numb		Doodh El	,					
33411 US 33418 US   7. Name and Address of Current Registered Agent  8. Taube  Street Address (P.O. Box Number is Not Acceptable)  10. State   Zip Code   FL   33477  8. 1. being appointed the registered agent of this above named corporation, and familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of   Registered Agent   Mamme of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Officers and/or Directors   Officer and/or Director   Othy / State / Zip    DP James K. Taube   10.75 A1A, North   Jupiter, FL 33477  10. E-mail Address; jdbrede1@bellsouth.net   If to be used for future annual report notification    11. Lectry that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in hapter 607 or 617, F.S. I further certify that when filing this reinstatement application the receisor for disologing-adplacemel manifestation the receiver to reach or disologing-adplacemel animated, the comporation are sociation 607,0401 or 617,0401, F.S. that all fees owed by the corporation have been goald. I further partify, the mormation indicated on this application is true and accurate, and my signature shall have the same legal effect as if the reduction can be composed. I have the same legal effect as if the reduction can be composed to execute this application is true and accurate, and my signature shall have the same legal effect as if the composition can be composed to execute this application is true and accurate, and my signature shall have the same legal effect as if the composition can be composed to the composition of					65-0997849 Not Applicable			
Names K. Taube  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.  City Jupiter  State Jip Code 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.  City Jupiter  8. I. being appointed the registered agent of Missing and Fee and/or Director fee and/or Direct	·	1	1 '	· · · · · · · · · · · · · · · · · · ·	6. CERTIFICATE			
James K. Taube  Street Address (P. D. Box Number is Not Acceptable)  JO75 AIA North  Sute, Apt. #, Etc.  City Jupiter  State FL 33477  State Signature of Registered Agent Officers and/or Directors  Name of Officers and/or Directors  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  Titles  10. E-mail Address; jdbrede1@bellsouth.net  To be used for future annual report notification  11.   Lertify that I am an officer or director or the receiver or fusite empowered to execute this application as provided for in chapter 607 or 617, E.S. I further certify that when filing this reinstature and counter that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, E.S. I further certify that when filing this reinstatement application, the reason for of dissolution below that indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under certific that.)	7. Name and Address of Current Registered Agent							
Street Address (P.O. Box Number is Not Acceptable)  1075 AIA North  Suite, Apt. #, Etc.  City Jupiter  State		ne.				☑ The reinstatement fee is imposed, except in		
are certifying the prior notices were not received and requesting the reinstatement fee be waived.  State   State   33477  8. I. being appointed the registered agent of this above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent   REGISTERED AGENT MUST SIGN    9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Director   Officer and/or Director    Name of Officer and/or Director   Officer and/or D			)		the prior notices. By checking this box, you			
State   Zip Code   FL   33477   State   Zip Code   FL   33477		<u> </u>						
State Jupiter  8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807 0505 or 617.0503, F.S.  Signature of Registered Agent Registered Agent Provided Agent Registered Agent Registere	Suite, Apt. #, Etc.					received and requesting the reinstatement		
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9. Names and Street Addresses of Each Officer and/or Directors (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Director Directors Officer and/or Director Directo						December 2, 2009		
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 filling this reinstatement application, the reason for dissolution respect notificated on this application is true and accurate, and my signature shall have the same legal effect as if made under each.								
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 filling 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 cetth.	9. Names and Street Addlesses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
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made under cath.	this reinstatement a	oplication, the reason for disse	olution has been el	liminated, the corporate name satisfie	s the requirements	of section 607,0401 or 617.04	401, F.S., that all fees	
		uon nave been paid, Frunner	uiy, vie informa	ation indicated on this application is th	ie and accurate, an		561-	
SIGNATURE: 12/4/09 743-8166 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

12/20)