PLEASE READ S01775 BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 17 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01775

1. Corporation Name

TWIN CITY BUILDERS, INC

03

2. Principal Office Address	3. Mailing Office Address
9792 150TH CT. N.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State
Zip: 33478 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida — 9/21/1990

5. FEI Number: 650240129 ☐ 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: LONNY WEBB

300030933063
03/23/04--01070--027 **300.00

Street Address (P.O. Box Number is Not Acceptable): 9792 150TH CT. N.

Suite, Apt. #, Etc.

City: JUPITER State: FL Zip Code: 33478

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: Lonny Webb LONNY WEBB — REGISTERED AGENT MUST SIGN — Date: 3/12/04

CR2E081 (01/04)

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
D	LONNY WEBB	9792 150TH CT. N.	JUPITER, FL 33478

REINSTATEMENT 2003-2004

10. 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: Lonny Webb LONNY WEBB — 3/12/04 — 561 747 6272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Dear SIRS,

We did not Receive our 2003 Business Report notice for corporations due to our move last year. Please find a copy of a Reinstatement form and Dues for 2003 and 2004.

Please make note of our new Address.

Thank you

Tommy Welt