

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -2 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010141

1. Corporation Name

Twister Advertising Fund Inc

2. Principal Office Address
3705 Mason Road

3. Mailing Office Address
3705 Mason Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Hill, NC

City & State
New Hill, NC

Zip
27562

Country
US

Zip
27562

Country
US

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida **10/27/2004**

5. FEI Number
20-5728929

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

ES 76 Additional Fee must be paid by registrant or creditor

7. Name and Address of Current Registered Agent

Name
Susan Garcia

Street Address (P.O. Box Number is Not Acceptable)
901 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 606

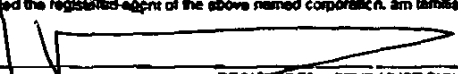
City
Coral Gables

State
FL

Zip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent



Date **10/20/06**

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
President	Bobby Wang	3705 Mason Road	New Hill, NC, 27562

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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 contained in Chapter 119, 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:



Bobby Wang

10/20/2006

919-387-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 03 2006