

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV - 6 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001894**

1. Corporation Name
TWYFORD INTERNATIONAL INC.

Principal Place of Business
**4051 FUDGE RD.
 APOPKA FL 32712**

Mailing Address
**15245 TELEGRAPH RD.
 SANTA PAULA CA 93060
 US**



600002343646--6
 -11/10/97--01170--035

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated on 04/19/97 04/19/1993 To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-2807779	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HARTMAN, ROBERT	11850 TWITTY ROAD	SEBRING FL
S	LONG, SHELLEY	15245 TELEGRAPH ROAD	SANTA PAULA CA
D	ENOMOTO, YOSHIO Hirasawa, Takayasu	26-1, JINGUMAE 6-CHOME	TOKYO, 150 JAPAN
D	WATA, TAKEHIRO	3-1, MARUNOUCHI 2-CHOME	TOKYO, JAPAN
D	SUZUKI, MASAHIRO	15245 TELEGRAPH ROAD 26-1 Jingumae 6-Chome	SANTA PAULA CA - Tokyo, 150 Japan
D	ISHIZAKI, KEIICHIRO Ishizaki, Keiichiro	15245 TELEGRAPH ROAD	SANTA PAULA CA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name REINSTATEMENT	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Stephanie Brooks **Stephanie Brooks** Date: 11/5/97
 REGISTERED AGENT MUST SIGN **Assistant Secretary**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: Shelley Long **Shelley Long** Date: 11-3-97 805-525-7125
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)