

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04



12222004 REIN-P CR2E098 (6/04) MRD



DOCUMENT # F93000005953
1. Entity Name
NFW, INC.

| | |
|---|--|
| Principal Place of Business 404 EAST BAY ST PO BOX SS-5539 NASSAU, BAHAMAS, US | Mailing Address ATTN: DIANNE BINGHAM 404 EAST BAY ST PO BOX SS-5539 NASSAU, BAHAMAS, TX 77429-5693 US |
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|---|---|
| 2. Principal Place of Business 404 EAST BAY ST | 3. Mailing Address ATTN.: GORDON WEISS |
|---|---|

| | |
|--|---|
| Suite, Apt. #, etc. P.O. BOX N-3016 | Suite, Apt. #, etc. P.O. BOX 1693, 1 BLUE HILL PLAZA |
|--|---|

| | |
|-------------------------|---------------------------------|
| City & State NASSAU, | City & State PEARL RIVER, NY |
|-------------------------|---------------------------------|

| | | | |
|---------------------------|----------------------------------|-----------------------------|-------------------------------|
| Zip Country BAHAMAS | Zip Country 10965-8693 USA | 4. FEI Number 98-0137684 | Applied For Not Applicable |
|---------------------------|----------------------------------|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Cynthia L. Harris
as its agent
SIGNATURE: *Cynthia L. Harris* DATE: 12/30/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETTIT, CHARLES 66 HAMMERSMITH RD LONDON W1484T, EN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FAIR, IAN D 404 E BAY ST NASSAU, BAHAMAS, | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AL FAHAD, ABDUL A RIYADH SAUDI ARABIA, 11547 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, JOAN L 404 EAST BAY STREET NASSAU, BAHAMAS, | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS THOMPSON, PHYLLIS 404 EAST BAY STREET NASSAU, BAHAMAS, | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TURNQUEST, TANYA 404 EAST BAY STREET NASSAU, BAHAMAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TURNQUEST, PETER 404 EAST BAY STREET NASSAU, BAHAMAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: *IAN D. FAIR* 24 DECEMBER 2004 1-242-393-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #