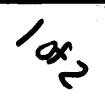
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	FILED 02 AUG 22 PM 1: 07
	<b>8921</b> TW, INC	SEGNETARY OF STATE TALLAHASSEE. FLORIDA
H	0892)	2000080248626 -09/25/0201081009 ****927.00 *****309.00
2. Principal Office Address 4438 W Krnnoy Suite, Apt. #, etc.	3. Mailing Office Address U105 Mrmonia Suite, Apt. #, etc. Suit C	2001-2002 UB
City & State  IAMIA FL  Zip 331,001 Country  The state of	City & State TMPAFL Zip Country	To Do Business in Florida  3. FEI Number  5. FEI Number  Applied For  Not Applicable  6. CERTIFICATE OF STATUS DESIREM  \$8.75 Additional Fee required
77401	77417 U7.	for a Certificate of Status
Name and Address of Current Registered Agent  Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	24116	State Zp_Code
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.		
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  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at lea	st 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sci Thomas	BROWN 4105	TAMOAFL
	Memors	10 HUN 33415
	Suit	7 (
	7911	
10. I certify that I am an officer or director or the receiving	ver or trustee emonwered to execute this application as a	raided for in charter 607 or 617 E.S. I feether entitle that when 615 -
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 filling this reinstatement application, the ceason 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 justed 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:  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date		

Pars

August 21, 2002

Ms. Cathy Ashton 409 East Gaines Corporate Reinstatement Division Tallahassee, FL 32399

RE: WTW, Inc.
WTW II, Inc.
TJB Auto Wash, Inc.

Dear Ms. Ashton:

The above-referenced corporations were rendered inactive because the Annual Report was mailed to an old address, after being changed with your office in 2000. Consequently, we did not receive the notice and filing fees were not paid.

Please find enclosed the properly completed Corporation Reinstatement forms and appropriate filing fees for all three corporations.

Thank you for your attention to this matter.

Sincerely,

THOMAS J. BROWN

TJB/phb Enclosures:

Corporation Reinstatement (3) Filing Fees (3)

TNANK YOU So Much!