

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01081--009
****927.00 ****309.00

DOCUMENT #

K08921

1. Corporation Name

WTW, INC
HT 08921

2. Principal Office Address

4438 W Kennedy

Suite, Apt. #, etc.

3. Mailing Office Address

4105 Memorial

Suite, Apt. #, etc.

Suite C

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609

Country

US

Zip

33415

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/87

5. FEI Number

592842447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 VBR

7. Name and Address of Current Registered Agent

Name

THOMAS J BROWN

Street Address (P.O. Box Number is Not Acceptable)

4105 Memorial Hwy

Suite, Apt. #, Etc.

Suite C

City

TAMPA FL

State

FL

Zip Code

33415

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/21/02

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
Pres Sci	THOMAS J BROWN	4105 Memorial Hwy Suite C	TAMPA FL 33415

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/02

Daytime Phone #

813
2459482

CR2E081 (9/01)

2052

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)

Thank you
So much!!