

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K60831

1. Corporation Name

THW, INC.

Principal Place of Business

1850 K ST., N.W.
SUITE 380
WASHINGTON DC 20006

Mailing Address

1850 K ST., N.W.
SUITE 380
WASHINGTON DC 20006

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1969

5. FEI Number

31-1261699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 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	4. City / State / Zip
PD	TOBIN, JOAN F.	1850 K ST., N.W., #380	WASHINGTON DC 20006
VSD	WALKER, BARBARA Z.	%NEAPOLITAN ENTERPRISES, 1300 3R	NAPLES FL 33940
VD	EILMAN, HOWARD	ELLMAN BURKE HOFFMAN & JOHNSON 1	SAN FRANCISCO CA 94105
			800003038968--0 -11/09/99--0101--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

WALKER, BARBARA Z
%NEAPOLITAN ENTERPRISES
1300 3RD ST. SOUTH
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Barbara Z. Walker
REGISTERED AGENT MUST SIGN

Date

10/15/99

11. 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:

Barbara Z. Walker
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA Z. WALKER

Date

Daytime Phone #

10/15/99 202 466 5533

CR20040 (8/99)