

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 24 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1989

5. FEI Number

31-1261699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TOBIN, JOAN F.	1850 K ST., N.W., #380	WASHINGTON DC 20006
VSD	WALKER, BARBARA Z.	%NEAPOLITAN ENTERPRISES, 4300-3R 255 13th Ave S, 1st 202	NAPLES FL 33940 34102
VD	EILMAN, HOWARD	ELLMAN BURKE HOFFMAN & JOHNSON 1	SAN FRANCISCO CA 94105
			500003455355--7 -11/07/00--01074--012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

WALKER, BARBARA Z  
%NEAPOLITAN ENTERPRISES  
1900 3RD ST. SOUTH 255 13th Ave S, 1st 202  
NAPLES FL 33940 34102

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 10/19/00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BARBARA Z. WALKER, Vice President

10/19/00  
Date

202-466-5523  
Daytime Phone #