PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	TTMENT OF STATE Ty of State CORPORATIONS		FILED	
DOCUMENT # L03000021507			2012 MAY 16 PM 2: 47		
Limited Liability Company's Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
TWB, L.L.C.			800234764035 05/07/1201033013 **635.00		
Principal Office Address - No P.O. Box # 3. Mailing Office Address		ess /		CR2E041 (1/11)	
429 KUCKLAKEDr. 429 R Suite, Apt. #, etc. Suite, Apt. #,				ntry of Formation OSA	
			5. Date Organized or Qualified 6-10-2003		
City & State Orlando, FL Orlan		6. FEI Numb		Per 200824024 Applied For Not Applicable	
32805 Country USA	32805	Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent Name			E-mail Address:		
voseph W. Baker					
Street Address (P.Q. Box Number is Not Acceptable) H29 Nock Lake 2016 Suite Apt # Etc.				- , , , , , , ,	
			into @ the award store.net		
on Orlando		FL 32805	(To be used for future annual report notices)		
9. i. being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608. F.S. Signature of					
Registered Agent REGISTERED AGENT MUST SIGN			Date 4-26-12		
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGR Joseph W. Baker		429 Rock Lake drve		Orlando, Florida 32805	
			-		
				JB	
		REINST	TATEME	NT 2009-12	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808, 406, F.S., and that					
all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager Date 4-26-12 Daytime Phone # 407-894-84//					
Typed or printed name of signing Managing Member/Manager					