

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L53990

**1. Corporation Name**

TPW Enterprises Inc.

**REINSTATEMENT** 03-04

100035714281  
05/06/04--01057--013 \*\*150.00

100035714281  
05/06/04--01057--012 \*\*750.00

**2. Principal Office Address**

2530 Sun Cove Lane

**3. Mailing Office Address**

2530 Sun Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33410

Country

Zip

33410

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/27/1990

**5. FEI Number**

65-0175186

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Steven H Machiela

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

6801 Lake Worth Rd

Suite, Apt. #, Etc.

Suite 124

City

Lake Worth

State

FL

Zip Code

33467

**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

Date

4/30/04

REGISTERED AGENT MUST SIGN

**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
P	Paisri Wongkittiroch	2530 Sun Cove Lane	North Palm Beach, FL 33410
VP	Wathana Wongkittiroch	2530 Sun Cove Lane	North Palm Beach, FL 33410

**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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 (561) 310-2533

CR02081 (01/04)