## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



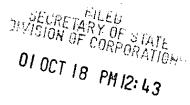
# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P0000046055

1. Corporation Name

#### TAMWAY ENTERPRISES INC.



Principal Place of Business 644 DEER RUN COURT			_	Mailing Address 644 DEER RUN COURT						
CASSELBERRY FL 32707			CASSELBERRY FL 32707			I GRBITERU TIK BUTIT				
If above add	lresses are	incorrect in any way, line th	rough incorrec	ct information a	and enter correction below.	REIN	STATEME	NT OL	# . =_	
New Principal Office Address, If Applicable     3				3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/05/2000			
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			5. FEI Number Applied For.			
City & State			City & Sta	City & State			593 (70 622 Not Applicable 6.			
Zip Country .		Zip		Country	50.75 Additional Fee red		60.75 Additional Fee requi for a Certificate of Status			
7. Names and	d Street Add	dresses of Each Officer and	I/or Director (	Florida nonprot	fit corporations must list at le	ast 3 directors)				
Title(s)	tle(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Directo		City / State / Zip			
Pres CARY Johnson				644	Deen Ruw	cT	CASSCIber	vy 17.32	707	
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sec)	Tev	e cockle	, Y	80 A	1 SUNSET	DR	casse(bevr	y FL. 3276	2	
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			<u> </u>				1/2 1/1		_	
							18/10/3	M		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
					Name	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite Act # Eta				
JOHNSON, GARY ALLEN 644 DEER RUN COURT					Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
CASSELBERRY FL 32707					Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
					City		St.	ate Zip Code		
10. I, being a	ppointed the	e registered agent of the ab	ove named co	orporation, am 1	amiliar with and accept the c	obligations of Sec	tion 607.0505, F.S.			
Signature of Registered Ag	J.	1 10 22 (3 24 A)			1980 - 11 10 - 11 11 11 11 11 11 11 11 11 11 11 11 1		10/1			
Registered Ag	gent /	WWW. TE	GISTERED	AGENT MUST	SIGN		Date _/0//	2/ 1/	-	

IGNATURE: May a Johnson GARY Johnson 10/15/01 - 407-463-1952
SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.