

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 6: 22

DOCUMENT # P00000094516

1. Corporation Name

TWA ASSOCIATES CORP.

Principal Place of Business

2308 N. OCEAN BLVD
FT. LAUDERDALE FL 33305

Mailing Address

2308 N. OCEAN BLVD
FT. LAUDERDALE FL 33305

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

10/06/2000

5. FEI Number

65-1044874

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	TERRA, WALTER H	2308 N. OCEAN BLVD	FT. LAUDERDALE FL 33305
V	TERRA, WALTER H	2308 N. OCEAN BLVD	FT. LAUDERDALE FL 33305
			800004679378--4 -11/14/01--01089--007 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

TERRA, WALTER H
2308 N. OCEAN BLVD
FT. LAUDERDALE FL 33305

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

October 17, 2001

Secretary of State
Division of Corporations

Re: TWA Associates Corp.
Reinstatement of For Profit Corporation
Waiver of Late Penalty

Dear Secretary of State:

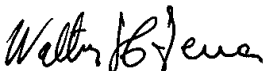
My name is Walter H. Terra and I am the president of TWA Associates Corp, a Florida for profit corporation. I just opened this corporation last year. It has just come to my attention that the corporation was dissolved due to my failure to file the Annual Report.

I affirmatively state and affirm that I did not receive the Annual Report from your office. Although the address does appear correct on the corporation, I truly did not receive it. I now know that in the future I must file the report whether I receive it from your office in the mail or not.

I am requesting that the penalty to reinstate my corporation be waived this one time. In hopes of your granting my request I have enclosed the completed reinstatement application together with a check for the normal filing fee. I am happy to provide whatever else you may require in order to assure you that I did not receive the Annual Report in the mail this past year.

Thanking you in advance for your cooperation.

Sincerely,



Walter H. Terra, president