

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035601

1. Corporation Name

TNWI ENTERPRISES, INC

600024509346  
11/07/03--01052--018 \*\*150.00

**REINSTATEMENT** 03

2. Principal Office Address

270 LAMPLIGHTER DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

Zip

34145

Country

USA

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3708765

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

EDWARDS, DIAN M

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

1852 40TH TERRACE SW

Suite, Apt. #, Etc.

UNIT #B

City

NAPLES

State

FL

Zip Code

34116

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 11/04/2003

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	SULLIVAN, CHARLES	270 LAMPLIGHTER DR	MARCO ISLAND, FL 34145

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

239-389-0456

Daytime Phone #

CR2E081 (10/02)

**ALPHA ACCOUNTING SERVICES, INC**  
**1852-B 40<sup>TH</sup> TERRACE SW**  
**NAPLES, FL 34116**  
**TEL#239-455-3047 FAX# 239-455-5133**

November 4, 2003

To Whom It May Concern:

Division of Corporations  
Uniform Business Report filing  
P O Box 1500  
Tallahassee, FL 32302-1500

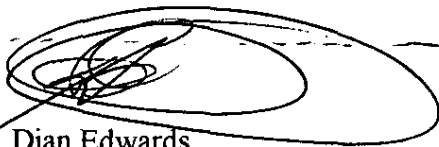
Dear Sir/Madam

RE: TNWI ENTERPRISES INC.-P01000035601

This letter is to notify you that this Corporation did not received a renewal notice of the original form in January 2003. Therefore, we have downloaded a copy of the renewal form from the Internet on behalf of our Client, for submission.

Please find enclose a check in the sum of \$150.00 for the renewal of this Corporation.

Yours truly,

A handwritten signature in black ink, appearing to be "Dian Edwards", is written over a large, loopy oval shape that serves as a background for the signature.

Dian Edwards  
Accountant

Enc.