FILED
11 OCT -5 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2011 AR

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000 83772

1. Corporation Name

TWH Construction Inc

500207325615
05/06/11--01041--025 **150.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
598 Bost Rd	P.O. Box 356
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wauchula Fl	City & State: Wauchula Fl
Zip: 33873 Country:	Zip: 33873 Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 02-0745206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Terry W Harrison

Street Address (P.O. Box Number is Not Acceptable): 598 Bost Rd

Suite, Apt. #, Etc.

City	State	Zip Code
Wauchula	FL	33873

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____
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	Terry W Harrison	598 Bost Rd	Wauchula Fl 33873

B 10/5/11 AR

10. E-mail Address: TWHconstruction.inc@ymail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with respect to 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; 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: Terry Harrison Pres 10-04-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 4, 2011

To whom it may concern:

TWH Construction Inc did not receive a letter from Florida Department of State about the corporation report please waive all fees and reinstate our business. Payment was made to Florid Dept of State on 4/14/11 by check # 3590 and deposited on 5/6/11.

Thank you,

TWH Construction Inc TWH Cons. Inc

863-767-1558 office

863-781-2283 – Terry W Harrison (cell)