

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000038046

Entity Name: MR. TW, INC.

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5212 NORTH STREET  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 618  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 20-4436101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARROYO, ABRAHAM  
5226 CENTER ST  
WIMAUMA, FL 33598 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ABRAHAM ARROYO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: ARROYO, ABRAHAM  
Address: 5226 CENTER ST  
City-St-Zip: WIMAUMA, FL 33598

Title: DVS  
Name: ARROYO, CHRISTIN V  
Address: 5226 CENTER ST  
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABRAHAM ARROYO

DPT

10/06/2014

Electronic Signature of Signing Officer or Director

Date