

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 MAY -6 PM 12:32**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P08000015016

1. Corporation Name

TWI Services, Inc.

**REINSTATEMENT 09-10**

600180483426  
05/06/10--01021--012 \*\*300.00

2. Principal Office Address - No P.O. Box #

460 N. Ronald Reagan Blvd.

Suite, Apt. #, etc.

Suite 142

3. Mailing Office Address

P.O. Box 520117

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

USA

Zip

32752

Country

USA

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593479059

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

Lori J. Wright

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

4223 Rocky Ridge Pl

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

**PROFIT CORPORATIONS ONLY**

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

(REGISTERED AGENT MUST SIGN)

Date 5/5/10

**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	Lori J. Wright	4223 Rocky Ridge Pl	Sanford, FL 32773

CC 5/6

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]*

President / Lori J. Wright

5/5/10

407-260-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #