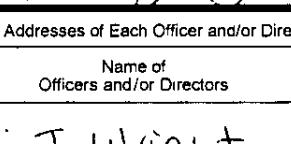


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08000015016				
1. Corporation Name TWI Services, Inc.				
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address		
4600 N. Ronald Reagan Blvd. Suite, Apt. #, etc. Suite 142		P.O. Box 520117 Suite, Apt. #, etc. Longwood, FL		
City & State Longwood, FL		City & State Longwood, FL		
Zip 32750	Country USA	Zip 32752	Country USA	
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 33773	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent.				
Signature of Registered Agent 				
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)				
Titles		Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P		Lori J. Wright	4223 Rock Ridge	
10. E-mail Address: _____				
(To be used for future annual reports)				
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application. In filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied, and all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate as if made under oath.				
SIGNATURE: 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

FILED

10 MAY -6 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

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

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Applied For

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 Dr
Suite, Apt. # Etc.

Units, Apt. #, Etc.

City Sanford State FL Zip Code 33773

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 5/5/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

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.

as it made under

SIGNATURES: RECEIVED 02 SEP 1978 NAME OF SIGNING OFFICER: 02 DIRECTOR

84

1200-W