

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 OCT -3 AM 8:50

DOCUMENT # P10000079653

1. Corporation Name

**TWAY ENTERPRISES, INC.**

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

**101 Solano Woods Drive**

3. Mailing Office Address

**101 Solano Woods Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ponte Vedra, FL.**

City & State

**Ponte Vedra, FL.**

Zip

**32082**

Country

**U.S.A.**

Zip

**32082**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida  
09/29/2010

5. FEI Number

**27-3663127**

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

**KEITH H. JOHNSON, Esquire**

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

**8810 Goodby's Executive Drive**

Suite, Apt. #, Etc.

**Ste. A**

City

**Jacksonville**

State

**FL**

Zip Code

**32217**

**800252369878**

10/03/13--01033--011 \*\*500.10

**800252369878**

10/03/13--01033--010 \*\*450.10

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

See Attached

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
PSTD	PAUL S. TWAY	101 Solano Woods Drive	Ponte Vedra, FL. 32082

**REINSTATEMENT**

**OCT 3 2013**

**R. HUNT**

10. E-mail Address: keith-j@comcast.net

scotttway@gmail.com

(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., and 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. 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. 617.155, F.S.

SIGNATURE:

Paul S. Tway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/2013

Date

904-534-1892 (cell)

Daytime Phone #

Form **2848**(Rev. March 2012)  
Department of the Treasury  
Internal Revenue Service**Power of Attorney  
and Declaration of Representative**

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

**Part I Power of Attorney****Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

TWAY ENTERPRISES, INC.  
101 SOLANO WOODS DRIVE  
PONTE VEDRA FL 32082

Taxpayer identification number(s)

27-3663127

Daytime telephone number

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

KEITH H. JOHNSON  
8810 GOODBY'S EXECUTIVE DR STE A  
JACKSONVILLE, FL 32217Check if to be sent notices and communications ☒

CAF No. 6505-38824R

PTIN P00111061

Telephone No. (904) 737-5930

Fax No. (904) 737-5966

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

ADAM L. HEIDEN  
8810 GOODBY'S EXECUTIVE DR STE A  
JACKSONVILLE, FL 32217Check if to be sent notices and communications ☐

CAF No. 0305-22840R

PTIN P01056473

Telephone No. (904) 737-5930

Fax No. (904) 737-5966

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

RENEE L. MANKUS  
8810 GOODBY'S EXECUTIVE DR STE A  
JACKSONVILLE, FL 32217

CAF No. 0305-51649R

PTIN P01056479

Telephone No. (904) 737-5930

Fax No. (904) 737-5966

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
INCOME	1120/1120S	2010 THROUGH 2014
S ELECTION	2553	2010 THROUGH 2014
EMPLOYMENT	940	2010 THROUGH 2014
EMPLOYMENT	941	09/30/10-12/31/14

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF.** ☐**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on Line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.☒ Disclosure to third parties; ☒ Substitute or add representative(s); ☐ Signing a return;☐ Other acts authorized: \_\_\_\_\_

(see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level X) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

- 6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

*Paul Scott Tway*  
Signature

6/10/2013  
Date

Title (if applicable)

PAUL SCOTT TWAY  
Print Name

☐☐☐☐☐  
PIN Number

TWAY ENTERPRISES, INC.  
Print name of taxpayer from line 1 if other than individual

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
  - d Officer - a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee - a full-time employee of the taxpayer.
  - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
a 1/b	FLORIDA	0342939	<i>[Signature]</i>	6-10-13
a	FLORIDA	0050817	<i>[Signature]</i>	6-10-13
b	FLORIDA	AC0024075	<i>[Signature]</i>	6-10-13



## JOHNSON AND JOHNSON, P.A.

ATTORNEYS AND COUNSELORS AT LAW

8810 GOODBY'S EXECUTIVE DRIVE, SUITE A  
JACKSONVILLE, FLORIDA 32217  
(904) 737-5930 · FAX (904) 737-5966  
[www.johnsonandjohnsonpa.com](http://www.johnsonandjohnsonpa.com)

KEITH H. JOHNSON  
BOARD CERTIFIED TAX ATTORNEY  
CERTIFIED PUBLIC ACCOUNTANT

CHRISTINE M. JONES  
ATTORNEY AT LAW  
MASTER OF LAWS (LL.M.) TAXATION

R. DENISE JOHNSON  
ATTORNEY AT LAW

ADAM L. HEIDEN  
ATTORNEY AT LAW  
CERTIFIED PUBLIC ACCOUNTANT

RENÉE L. MANKUS  
CERTIFIED PUBLIC ACCOUNTANT

September 30, 2013

**VIA CERTIFIED U.S. MAIL**

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re:** *Tway Enterprises, Inc.*  
*FEIN: 27-3663127*

**Subject:** *Reinstatement*

Dear Sir/Madam:

We write regarding the reinstatement of Tway Enterprises, Inc., on behalf of our client, Paul S. Tway, and his company, Tway Enterprises, Inc.

For the foregoing purpose, we are enclosing for your review the following:

1. Form CR2E081, Corporation Reinstatement form
2. Client's check №. 1219 in the amount of \$450.00 reflecting payment of the \$150.00 annual fee for 2011, 2012, and 2013;
3. Client's check №. 1218 in the amount of \$600.00 representing the reinstatement fee;
4. Form 2848, Power of Attorney, Tway Enterprises, Inc.

Should you have any questions or require any additional information, please do not hesitate to call.

Sincerely,

Keith H. Johnson  
KHJ:rks

Enclosures  
As Stated (4)

c: Paul S. Tway, Vice President  
Tway Enterprises, Inc.