PLEASE READ A	ALL INSTRUCTIO	NS BEFORE C	OMPLETING TH	IS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTI Sandra B. Secretary	Mortham	- 	ILED	·
DOCUMENT #			98 APR 17 PM 1:51		
1. Corporation Name P4300	0052638			TARY OF STATE	
TW.A. Construction Principal Place of Business	+Developme 1432 Spur Winter Sai	nt, sloc. ng Redge De. solen, 3l. 37.87	TALLAH SFINSTATI	IASSEE, FLÖRIDA	10
If above addresses are incorrect in any way, line through incorrect information and enter correction New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date incorporated or Qualified Description of Elevirons in Florida in Company		
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 7-28-93 5. FEI Number Applied For		
City & State	City & State		59-3/96/99 Not Applicable		
Zip Country	Zip C	Country	6. CERTIFICATE OF STATUS	DESIRED 258.75 Additional F for a Certificate	
7. Names and Street Addresses of Each Officer and/officers and/or Directors Title(s) Prince of FRAY W. ARTH VP RECHARD HAR CFO KATENA ARTHU 8. Name and Address of Current R TERMY W. ARTHUR 1432 Spring Ridge Winter Surden, El. 10. I, being appointed the registered agent of the above Signature of	3 (Do No. 1432 1	Street Address of Each Officer and/or Director OT Use Post Office Box N Skring Ridge Bird Land Jung Ridge Name Street Address (P. Suite, Apt. #, Etc.	9. Name and Address of N	State Zip Code	34787 -9
11. This corporation owes or ha Intangible Personal Property 12. I certify that I am an officer or director or the receiv	y tax due June 30.	Yes L	No Dovided for in chapter 607 or 6		en filing
this reinstatement application, the reason for dissol owed by the corporation have been paid and the non this application is true and accurate, and my significant structures. SIGNATURE: SIGNATURE AND TYPED OIL PRIM	ames of individuals listed on th	nis form do not qualify for a nat effect as if made under o	n exemption under section 1		