

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 1:25

DOCUMENT # **P94000026668**

1. Corporation Name

T.W.C.D.A. INC.

100034394441
04/28/04--01026--00 \$0.00

2. Principal Office Address

521 Hughes Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

521 Hughes Rd.

Suite, Apt. #, etc.

City & State

Auburndale, FL.

City & State

Auburndale, FL.

Zip

33823

Country

U.S.A.

Zip

33823

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

59-323-9514

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

Darrell Scott Willis

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

401 East Robinson St.

Suite, Apt. #, Etc.

Apt. # 201

City

Orlando

State
FL

Zip Code

32801

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

Darrell Scott Willis
REGISTERED AGENT MUST SIGN

Date

4/14/04

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
Pres.	Darrell Scott Willis	401 E. Robinson St. #201	Orlando, FL. 32801.

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Darrell Scott Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/04

Daytime Phone #

CR2ED01 (01/04)