

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -9 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015893

1. Corporation Name

T.W.B., INC

2. Principal Office Address

36948 LAKE YALE DR

3. Mailing Office Address

P.O. BOX 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRAND ISLAND, FL

City & State

EUSTIS, FL

Zip

32735

Country

USA

Zip

32727

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0562870

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

ROBERT L HARTMAN

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

537 N UMATILLA BLVD

Suite, Apt. #, Etc.

City

UMATILLA

State
FL

Zip Code
32784

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

Robert L Hartman
REGISTERED AGENT MUST SIGN

Date 6/7/2004

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
D	BAUGH, THOMAS	36948 LAKE YALE DR	GRAND ISLAND, FL 32735
D	BAUGH, GENE	1900 LAKE EUSTIS ST	EUSTIS, FL 32726

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:

Thomas W. Baugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W BAUGH

Date

6-7-04

352-669-6616

Daytime Phone #

CR2E081 (01/04)

**HARTMAN, HARTMAN & O'BRIEN, P.A.
A CERTIFIED PUBLIC ACCOUNTING FIRM
537 NORTH UMATILLA BLVD.
UMATILLA, FLORIDA 32784**

**ROBERT L. HARTMAN, E.A.
MARTHA C. HARTMAN, E.A.
WILLIAM K. O'BRIEN, CPA**

**Telephone: 352-669-5515
Fax: 352-669-3329**

May 10, 2004

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: T.W.B. INC. Document Number P95000015893

Dear Sir or Madam:

The last date T.W.B. Inc filed their Annual Report was February 11, 1999. Mr. Thomas Baugh has not received a renewal notice since that year.

We respectfully request that the reinstatement fee be abated. Please find attached a check in the amount of \$750,000 for payment of the filing fees for 2000, 2001, 2002, 2003, and 2004. This should bring the account to current.

Thank you for any consideration you might give.

Sincerely,



Robert L. Hartman
Enrolled Agent

Enclosure