

Reinstatement Form 1998

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> APR 28 1998 93 APR 28 11:10:27 TALLAHASSEE, FLORIDA 300002868033--5 -05/07/99--01128--015 ****300.00 ****300.00 </div>	
DOCUMENT # 1. Corporation Name <div style="font-size: 1.5em; font-family: cursive;">P96000062648</div> <div style="font-size: 1.2em; font-family: cursive;">T. W. F., Inc.</div>		2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">4610 N.W. 7th Ave. Miami, Florida 33127</div>		Mailing Address <div style="font-size: 1.2em; font-family: cursive;">4610 N.W. 7th Ave. Miami, FL 33127</div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.5em; font-family: cursive;">1-4-96</div>	
5. FEI Number <div style="font-size: 1.5em; font-family: cursive;">650727494</div>		Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
Pres.	Wright, Denise A.	4610 N.W. 7th Ave	Miami FL 33127		
Vice Pres.	Wright, John David	4610 N.W. 7th Ave	Miami FL 33127		
Sec. Treas.	Wright, Veronise	4610 N.W. 7th Ave	Miami FL 33127		
<div style="font-size: 2em; font-family: cursive; position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);"> 125/4/99 96-99 AR </div>					
8. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Wright, Veronise Strong 4610 N.W. 7th Ave. Miami, Florida 33127</div>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <div style="display: flex; justify-content: space-between;"> State FL Zip Code </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Veronise Strong Wright Date 4-26-99 <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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. <div style="font-size: 1.5em; font-family: cursive; text-align: center;">Veronise Strong Wright</div>					
SIGNATURE: Veronise Strong Wright, sec. 4-26-99 (205) 251-7490 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					