

2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Annual
CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # pa6000002648

1. Corporation Name

T.W.F., Inc.
4610 N.W. 7th Avenue
Miami, Florida 33127

2. Principal Office Address

4610 N.W. 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

USA

3. Mailing Office Address

4610 N.W. 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01-04-1996

5. FEI Number

650727494

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

Wright, Veronise

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

4610 N.W. 7th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

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

Veronise Wright

REGISTERED AGENT MUST SIGN

Date

4-27-04

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
<u>P</u>	<u>Wright, Denise A.</u> <u>4610 N.W. 7th Ave.</u>	<u>4610 N.W. 7th Ave.</u>	<u>Miami, Fla. 33127</u>
<u>ST</u>	<u>Wright Veronise</u>	<u>4610 N.W. 7th Ave.</u>	<u>Miami, Fla. 33127</u>
<u>VP-CEO</u>	<u>Wright, John D.</u> <u>CEO</u>	<u>4610 N.W. 7th Ave.</u>	<u>Miami, Fla. 33127</u>

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:

Veronise Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

Note: Failed to receive renewal form.