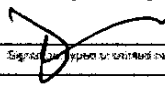
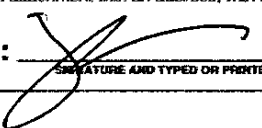


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000082080					
1. Entity Name TMW, INC.					
Principal Place of Business 174 DUSK WAY FORT PIERCE, FL 34979			Mailing Address PO BOX 12177 FORT PIERCE, FL 34979		
2. Principal Place of Business 495 PELICAN SHAL PL State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.			
City & State FT PIERCE FL 34982		City & State City & State		4. FEI Number 65-0714917	
Zip 34982		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACPHERSON, WILLIAM T 141 SUNRISE DRIVE FORT PIERCE, FL 34945			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 09/29/05	
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACPHERSON, WILLIAM T 141 SUNRISE DRIVE FORT PIERCE, FL 34945	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 09/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM T. MACPHERSON				DAYTIME PHONE # 772 466 3511	

FILED

05 OCT -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282005 REIN-P CR2E098 (6/04)

REINSTATEMENT