

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 23 AM 8:33

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000026294

1. Corporation Name

Tver, Inc.

2. Principal Office Address

11471 W. Sample Rd.

Suite, Apt. #, etc.

Suite #41

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

EP

4. Date Incorporated or Qualified To Do Business in Florida

3-18-97

5. FEI Number

65 0740600

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

TERRY TVER

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

5736 NW 119th Terrace

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

4/9/04

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>Pres.</u>	<u>Terry Tver</u>	<u>5736 NW 119th Terrace</u>	<u>Coral Springs, FL 33076</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 corporation's 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

954-341-8698

Daytime Phone #

CRP/ENR 01/04

# Tver Inc.

**The Preferred National Floor Maintenance Company**

April 9, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Tver Inc.  
Doc # P97000026294

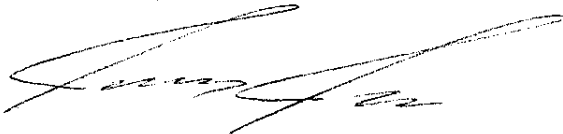
To Whom It May Concern:

Enclosed please find payment of \$300 for the annual report years 2003 & 2004.

I never received any paperwork for the year 2003 because the company has a different address than the one listed with your office. I have made the necessary changes on the reinstatement form.

Please waive all late fees.

Thank-you for your consideration with this matter.



Terry Tver  
President  
Floorcare USA