

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -7 PM 2:03

DOCUMENT # P98000012558

1. Corporation Name

THWING INTERIORS, INC.

Principal Place of Business

Mailing Address

2391 S. MCCALL ROAD
ENGLEWOOD FL 34224

2391 S. MCCALL ROAD
ENGLEWOOD FL 34224



REINSTATEMENT

02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0812739

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
1	2	3	4
D	THWING, WAYNE N.	3294 MIDDLETON ST	PORT CHARLOTTE FL 33952
D	THWING, BARBARA	3294 MIDDLETON ST. 2938 YUMA AVE	PORT CHARLOTTE FL 33952 North Port 34287
			800003510728-5 -12/21/00--01074--010 ****740.00 ****740.00
			800003510728-5 -12/21/00--01074--011 *****10.00 *****10.00

8. Name and Address of Current Registered Agent

THWING, WAYNE N.
2391 S. MCCALL ROAD
ENGLEWOOD FL 34224

9. Name and Address of New Registered Agent

Name
Barbara Thwing
Street Address (P.O. Box Number is Not Acceptable)
Same
Suite, Apt. #, Etc.
City
State FL Zip Code

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

X Barbara Thwing
REGISTERED AGENT MUST SIGN

Date

11/14/00

11. 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:

Barbara Thwing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/00 941-474-1029
Daytime Phone #