

10/3

04/03/08 08:28 PM EDT Corporation Service via VSI-FAX page 2 of 2

H06000090208 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 APR -5 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000052047**

1. Corporation Name: **T & W Melon Sales Inc.**

\$908.75

2. Principal Office Address: **15522 Helen K Dr.**
 Suite, Apt. #, etc.

3. Mailing Office Address: **15522 Helen K. Dr.**
 Suite, Apt. #, etc.

City & State: **Spring Hill, FL.** City & State: **Springhill, FL.**

Zip: **34610** Country: **PASCO** Zip: **34610** Country: **PASCO**

REINSTATEMENT

CR2E081 (8/05) **01-06**

4. Date Incorporated or Qualified To Do Business in Florida: **6-10-98**

5. FEI Number: **59-3516077** Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee Applies (for a certificate of status)

7. Name and Address of Current Registered Agent

Name: **Toni Barton**

Street Address (P.O. Box Number, if Not Acceptable): **15522 Helen K. Dr.**

Suite, Apt. #, Etc.

City: **Springhill** State: **FL** Zip Code: **34610**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: **Toni Barton** Date: **4-3-06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	William B. Barton	15522 Helen K. Dr.	Springhill, FL 34610
Dir.	Toni Barton	15522 Helen K. Dr.	Springhill, FL 34610

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)(g), 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: **Toni Barton** Director Date: **4-3-06** **727-8962202**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

H06000090208 3

B. Mitchell APR 5 2006

4-4-06

To whom it may concern.

This is to inform & request a waiver on the reinstatement fee for I did not receive a renewal for the year stated 2001-2006 & I have payed all other taxes 943-1120-Fit/etc. I would truly appreciate the waiver. Thank you for consideration, and prompt response.

Joni Barton - Director
T & W Melon Sales
EIN 59-3516077

3 of 3

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000090208 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

T & W MELON SALES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,508.75

908.75

Electronic Filing Menu

Corporate Filing Menu

Help

Please see the attached request for waiver of penalty fees. Please let me know how much will be taken from our account. Thanks,

Amanda 850-521-0821

ext 255