

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FEB 21 AM 10:36**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066672

1. Corporation Name

T.C.W. MARKETING, INC.

700067378147
03/08/06--01008--003 **1658.75

2. Principal Office Address
12050 49th Street

3. Mailing Office Address
12050 49th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

00-06

City & State
Clearwater, FL

City & State
Clearwater, FL 33756

4. Date Incorporated or Qualified
To Do Business in Florida July 28, 1998

5. FEL Number
65-0857614

Applied For
Not Applicable

Zip
33762

Country
U.S.A.

Zip
33762

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John Morgan Brunson, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1474 Jordan Hills Court

Suite, Apt. #, Etc.

City
Clearwater, FL

State
FL

Zip Code
33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *John Morgan Brunson*
REGISTERED AGENT MUST SIGN

Date 2/20/06

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
P/S/D	Todd C. Werner	12050 49th Street	Clearwater, FL 33762

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 contained in Chapter 119, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Todd C. Werner* Todd C. Werner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

727-571-3330

Daytime Phone #

K. Eckel FEB 21 2006