

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000080562

1. Corporation Name

T.W. HOLDINGS, INC.

FILED

00 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

12404 SW 1ST STREET
CORAL SPRINGS FL 33071

Mailing Address

12404 SW 1ST STREET
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

65-0866657

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WELLS, TONY	12404 SW 1ST	CORAL SPRINGS FL 33071
ST	WELLS, PATTI J	12404 SW 1ST	CORAL SPRINGS FL 33071

800003447998--2
-11/02/00--01007--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELLS, TONY
12404 SW 1ST STREET
CORAL SPRINGS FL 33071

Name

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

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

Tony Wells SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-00

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.

KE

SIGNATURE:

Tony Wells SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00
Date

954-344-8248
Daytime Phone #

2062

TW HOLDINGS, INC.
12404 SW 1st Street
Coral Springs, Florida 33071
(954-344-8248)

October 12, 2000

Division of Corporations
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: TW Holdings, Inc.

Dear Division of Corporations,

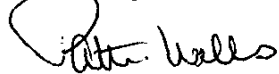
On October 11, 2000 I received a Notice of Administrative Dissolution or Revocations in the mail. I telephoned your office on the aforementioned date and spoke to Stacy. I explained how I had sent the original report and check for \$150.00 on March 10, 2000, certified mail, and then in July received a 2nd request for the report. I then called your office and spoke with Michelle and she suggested filling out the form and sending another \$150.00 and requesting that the \$400.00 penalty be waived. I did as asked. (See attached letter)

After explaining this to Stacy, she suggested I again send another check and the reinstatement form along with a copy of my last letter. She also suggested that I send it return receipt requested, which I am going to do!

Therefore I have enclosed check #0275 in the amount of \$150.00 along with the completed form. I am also hoping that you will waive the \$400.00 penalty.

Thank you for your time and consideration.

Sincerely,



Patti Wells
Secretary
TW Holdings, Inc.

/pw