

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000012676

1. Corporation Name

TWT Design Concepts Inc

2. Principal Office Address

604 W.E 15 Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale

City & State

Zip

33304

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/99

5. FEI Number

65-0901391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERENCE S. MOSER

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

604 W.E. 15 Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

Terence S. Moser

REGISTERED AGENT MUST SIGN

Date 20 MAY 2003

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
Director PRES	TERENCE S. MOSER	604 W.E 15 ST.	FT. LAUD - FL 33304

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)(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:

TERENCE S. MOSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 763 5356

CR2E081 (10/02)

TNT
Design Concepts Inc.

May 21, 2003

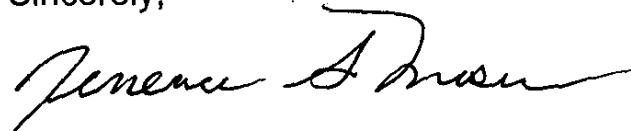
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Due to changes of address, I never received my yearly Corporate filing papers.

Enclosed is my check covering 2003-2004.

Sincerely,



Terrence S. Moser
President