

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08192

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083637

1. Corporation Name

T.C.W., INC.

Principal Place of Business

Mailing Address

9371 BLIND PASS ROAD
ST.PETE BEACH FL 33706

9371 BLIND PASS ROAD
ST.PETE BEACH FL 33706

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

09/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3599840

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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	Sidney Waters	9371 Blind Pass Rd	ST Pet Bch, FL 33706

400003471874--8

11/21/98 81025-010

*****150.00 *****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATERS, SIDNEY N
9371 BLIND PASS ROAD
ST.PETE BEACH FL 33706

Name

SIDNEY N WATERS

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

9371 BLIND PASS RD

Suite, Apt. #, Etc.

City

ST.PETE BEACH

State

FL

Zip Code

33706

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-16-2000

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10-16-2000 (727) 365-4009

Date

Daytime Phone #

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T.C.W. Inc.

To: Department of State
From: Sidney N. Waters
Date: October 16, 2000
Subject: T.C.W. Inc.

I recently received a packette in the mail that reads – Notice of Administrative Dissolution or revocation. Please note this is the first time I have ever received this information. After talking to my accountant, he explained to me what I should have received. Please accept my payment of \$150.00 to maintain T.C. W. Inc. Going forward I will know to contact your office and request the information, if for any reason this happens in the future.

If you have any questions please give me a call at 727-367-3395.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sidney Waters', with a large, stylized flourish extending to the right.

Sidney Waters