

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01081--009
****927.00 ****309.00

2001-2002 UBR

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V60371**
1. Corporation Name
WT W II. INC.
V 60371

2. Principal Office Address
2306 W Kennedy
Suite, Apt. #, etc.
3. Mailing Office Address
4105 Memorial Hwy
Suite, Apt. #, etc.
Suite C

City & State
TAMPA FL
City & State
TAMPA FL

Zip **33409** **Country** **US** **Zip** **33415** **Country** **US.**

4. Date Incorporated or Qualified To Do Business in Florida **8/26/92**

5. FEI Number **593137734**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

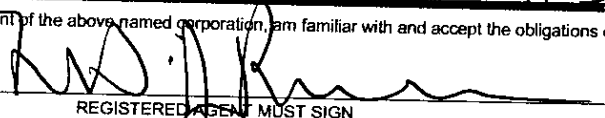
Name **Thomas J Brown**

Street Address (P.O. Box Number is Not Acceptable) **4105 Memorial Hwy**

Suite, Apt. #, Etc. **Suite C**

City **TAMPA FL** **33415** **State** **FL** **Zip Code** **33415**

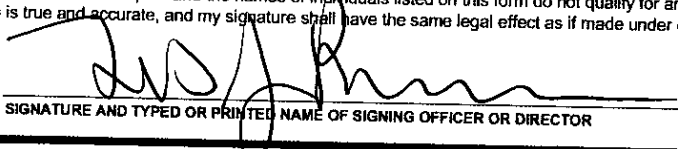
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** **8/21/02**

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
Pres Sec	Thomas J Brown	4105 Memorial	Suite C, TAMPA FL

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **813 -** **8/21/02** **2459482**
Date **Daytime Phone #**

2052

August 21, 2002

Ms. Cathy Ashton
409 East Gaines
Corporate Reinstatement Division
Tallahassee, FL 32399

RE: WTW, Inc.
WTW II, Inc.
TJB Auto Wash, Inc.

Dear Ms. Ashton:

The above-referenced corporations were rendered inactive because the Annual Report was mailed to an old address, after being changed with your office in 2000. Consequently, we did not receive the notice and filing fees were not paid.

Please find enclosed the properly completed Corporation Reinstatement forms and appropriate filing fees for all three corporations.

Thank you for your attention to this matter.

Sincerely,



THOMAS J. BROWN

TJB/phb

Enclosures:

Corporation Reinstatement (3)
Filing Fees (3)

Thank you
So much!!