


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>V66411</i>			
1. Corporation Name <i>TFW Enterprises, Inc.</i>			
2. Principal Office Address <i>4050 NW 42nd Ave.</i>		3. Mailing Office Address <i>4050 NW 42nd Ave</i>	
Suite, Apt. #, etc. <i>Ste. 318</i>		Suite, Apt. #, etc. <i>Suite 318</i>	
City & State <i>L. Lakes, Fl.</i>		City & State <i>Lauderdale Lakes, Fl.</i>	
Zip <i>33319</i>	Country <i>USA</i>	Zip <i>33319</i>	Country <i>USA</i>

FILED
 04 AUG 30 AM 9:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

WA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida <i>9/24/1992</i>	Applied For <input type="checkbox"/>
5. FEI Number <i>650358191</i>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Winfred Thompkins</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>4050 NW 42nd Ave</i>			
Suite, Apt. #, Etc. <i>Ste. 318</i>			
City <i>Lauderdale Lakes</i>	State FL	Zip Code <i>33319</i>	

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 *Winfred Thompkins* REGISTERED AGENT MUST SIGN Date *8-26-2004*

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
<i>Pres.</i>	<i>Winfred Thompkins</i>	<i>4050 NW 42nd Ave # 318</i>	<i>L. Lakes, Fl. 33319</i>
<i>V.P.</i>	<i>Marcia Thompkins</i>	<i>4050 NW 42nd Ave # 318</i>	<i>L. Lakes, Fl. 33319</i>

600040648245
 08730404-01095-003 **450.00

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: *Winfred Thompkins* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *8-26-2004* Daytime Phone #

CR2E081 (01/04)

TFW Enterprises, Inc.,
4050 NW 42nd Avenue, Ste. 318
Lauderdale Lakes, FL 33319

August 26, 2004

Florida Dept. of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

I did not receive the form for the Annual Report in 2002. I am, therefore, requesting a Waiver of the re-instatement fee. Please note that there is a change of address.

Enclosed is Four Hundred Fifty (\$450.00) representing filing fees for 2002, 2003, and 2004.

Thank you very much for your kind consideration.


Win Thompkins