

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 30 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/30/09--01050--019 **527.50
CR2E041 (10/08)

DOCUMENT # L02000002540

1. Limited Liability Company's Name

T&H INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

4515 Serenity Trail

Suite, Apt. #, etc.

3. Mailing Office Address

4515 Serenity Trail

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

34685

Country

US

City & State

Palm Harbor FL

Zip

34685

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

02/01/2002

6. FEI Number

020545095

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

AIA Registered Agent Inc

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

5647 110th Ave North

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Minzar, Gerry D	4515 Serenity Trail	Palm Harbor FL 34685
MGRM	Castagna, Jr, Edward C	280 Pinewoods Blvd	Oldsmar FL 34677

REINSTATEMENT 2007-09

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Gerry D Minzar

Date

4-26-09

Daytime Phone #

727-785-8009

Typed or printed name of signing Managing Member/Manager