

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 405014

1. Corporation Name
T H C W, Inc

REINSTATEMENT 00-09

800028436808
02/09/04--01057--024 **1350.00

2. Principal Office Address
5213 Desert Vixen Rd
Suite, Apt. #, etc.

3. Mailing Office Address
5213 Desert Vixen Rd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 1974

City & State: Palm Beach Gardens FL
Zip: 33418
Country:

5. FEI Number 59-1400874
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: Charles Thillman
Street Address (P.O. Box Number is Not Acceptable): 5213 Desert Vixen Road
Suite, Apt. #, Etc.:
City: Palm Beach Gardens
State: FL Zip Code: 33418

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: Charles Thillman
Date: 1/31/04
REGISTERED AGENT MUST SIGN

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	Charles Thillman	5213 Desert Vixen Rd	Palm Beach Gardens FL 33418
Secy	Charles Thillman	"	"

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: Charles Thillman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/04
Daytime Phone #: (561) 863-4028

CR2E081 (10/02)