

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 DEC 10 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



11292004 REIN-P CR2E098 (6/04)

4. FEI Number 59-2642751 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # H42948

1. Entity Name
THM GROUP, INC.



Principal Place of Business
300 BISCAYNE BLVD HWY SUITE 1100
MIAMI, FL 33131 US

Mailing Address
300 BISCAYNE BLVD HWY SUITE 1100
MIAMI, FL 33131 US

2. Principal Place of Business
1101 Brickell Avenue

3. Mailing Address
1101 Brickell Avenue

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33131 Country US

Zip 33133 Country US

6. Name and Address of Current Registered Agent

DEL CRISTO MINGES, JACQUELINE ESQ
3001 SW 3RD AVENUE
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name Arvin Peltz
Street Address (P.O. Box Number is Not Acceptable) 3250 MARK ST.
Suite 500
City Miami FL Zip Code 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-29-04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DCP
NAME MILLARD, RICHARD
STREET ADDRESS 300 BISCAYNE BLVD WAY
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE VS
NAME LEAL, RAUL
STREET ADDRESS 300 BISCAYNE BLVD WAY
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500043331395
12/10/04--01035--012 **785.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAUL LEAL PRESIDENT 12/3/2004 305 577 8484