

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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.

City & State

Palm Harbor FL

Zip

34685

Country

US

3. Mailing Office Address

4515 Serenity Trail

Suite, Apt. #, etc.

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
MEM	Miner, Gerry D	4515 Serenity Trail	Palm Harbor FL 34685
MEM	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 Miner

Date

4-26-09

Daytime Phone #

727-785-8069

Typed or printed name of signing Managing Member/Manager