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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010045

Name and Mailing Address

0017495 01 FP 0.352 **PRSR T4 0 0615 33319

THP, LLC
5305 N. STATE ROAD
TAMARAC FL 33319

500025328155
01/06/04--01007--022 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
Principal Place of Business 5305 N. STATE ROAD TAMARAC FL 33319	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent PHAM, TAN HUYNH 5305 N. STATE ROAD TAMARAC FL 33319		9. Name and Address of New Registered Agent Name: VAN LY Street Address (P.O. Box Number is Not Acceptable): 5824 NW 54 circle City: coral spring FL Zip Code: 33067	
10. 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: <i>[Signature]</i> NOT REQUIRED Date: 12/04/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PHAM, TAN HUYNH	8327 MICHAEL ST	JUPITER FL 33458
		5824 NW 54 circle	coral spring 33067
	LY VAN	5824 NW 54 circle	coral spring 33067
		500025328155 12/08/03--01075--001 **50.00	
REINSTATEMENT 2003-04 <i>Money</i>			
12. I certify that I am managing member/manager or 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: <i>[Signature]</i> NOT REQUIRED Date: Daytime Phone #			
Typed or printed name of signing Managing Member/manager			

CR2E034 (7/03)