

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 JAN -4 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262004 REIN-LLC CR2E101 (6/04) 11/5

DOCUMENT # M03000001976			
1. Entity Name THI OF FLORIDA AT OSCEOLA, LLC			
Principal Place of Business 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011		Mailing Address 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011	
2. Principal Place of Business 930 Ridgebrook Rd Suite, Apt. #, etc.		3. Mailing Address 930 Ridgebrook Rd Suite, Apt. #, etc.	
City & State Sparks, MD		City & State Sparks, MD	
Zip 21152		Country Baltimore	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI-SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Michi Doman</u> 12-30-04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISITANO, ANTHONY F 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. Bradley Bennett 930 Ridgebrook Rd Sparks, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUER, JOHN E 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELISSA WARLOW 930 Ridgebrook Rd Sparks, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNHILL, JEFFREY A 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ronald Lord 930 Ridgebrook Rd Sparks, MD 21152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		11-204 410-773-1176 Date Daytime Phone #	

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