


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 JAN -4 PM 3: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002175		
1. Entity Name THI OF FLORIDA, 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
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2. Principal Place of Business 930 Ridgebrook Rd Suite, Apt. #, etc.	3. Mailing Address 930 Ridgebrook Rd Suite, Apt. #, etc.
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City & State Sparks, MD	City & State Sparks, MD
Zip 21152	Country Balto

10262004 REIN-LLC CR2E101 (6/04) 11/5	
4. FEI Number APPLIED FOR 20-0042083	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 Michéle Doman DATE 12-30-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	MGRM MACLEAN, LISA 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	MGRM 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: [Signature] DATE 11-2-04 DAYTIME PHONE # 410-773-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1004 A00067400