



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000002539 1. Entity Name THI ADVANTAGE DME, LLC				FILED 2005 JAN -4 PM 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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.		10292004 REIN-LLC CR2E101 (6/04) 115	
City & State Sparks, MD Zip 21152 Country USA		City & State Sparks, MD Zip 21152 Country USA		4. FEI Number 20-0081357 Applied For <input type="checkbox"/> 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 E. 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 Bowman</u> 12-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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 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	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	
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.			REINSTATEMENT 2004 SIGNATURE <u>[Signature]</u> 10/29/04 410-773-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

004 ADD 1/27/05