PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED** 01 OCT -1 AM 9: 21 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P00000072259

1. Corporation Name

TLH PROPERTIES, INC

2. Principal Office Address	**3.** Mailing Office Address	
1224 N PINE HILLS ROAD	1224 N. PINE HILLS ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business In Florida 7/28/2000
City & State ORLANDO FL	City & State ORLANDO FL	**5.** FEI Number 59-366-1639 Applied For / Not Applicable
Zip 32808 Country	Zip 32808 Country	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TERRY HOEKSTRA
Street Address (P.O. Box Number is Not Acceptable)
1224 N PINE HILLS ROAD
Suite, Apt. #, Etc.

City	State	Zip Code
ORLANDO	FL	32808

8. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 09/27/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	TERRY HOEKSTRA	1224 N. PINE HILLS ROAD	ORLANDO, FL 32808
		500004641698-8 -10/18/01--01050--013 ****750.00 ****750.00	
	REINSTATEMENT 2001		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 9/27/01 407-290-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #