

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
May 28, 2009
Secretary of State**

DOCUMENT# P01000094114

Entity Name: THEM & U.S., INC.

Current Principal Place of Business:

1803 CARDWELL AVE
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

1803 CARDWELL AVE
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 65-1142257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPARELLO, ELANA PRES
1803 CARDWELL AVE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ELANA LAMPARELLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMPARELLO, ELANA
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: V () Delete
Name: LAMPARELLO, ELANA
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: TS () Delete
Name: LAMPARELLO, ELANA
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAMPARELLO, ELANA PRES
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: V (X) Change () Addition
Name: LAMPARELLO, ELANA VISE
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: TS (X) Change () Addition
Name: LAMPARELLO, ELANA TREASUR
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

Title: O () Change (X) Addition
Name: LAMPARELLO, ELANA OFFICER
Address: 1803 CARDWELL AVE
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELANA LAMPARELLO

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05/28/2009

Electronic Signature of Signing Officer or Director

Date