

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

**REINSTATEMENT** *04*



12162004 REIN-P CR2E098 (6/04) *MRE*

|   |   |                     |   |  |  |
|---|---|---------------------|---|--|--|
| <b>DOCUMENT # P02000101755</b><br>1. Entity Name<br>T.H. ELEVATOR COMPANY, INC.   |   |                     |   |  |  |
| Principal Place of Business<br>2013 PALM AVE<br>SARASOTA, FL 34231  |   |                     | Mailing Address<br>2013 PALM AVE<br>SARASOTA, FL 34231  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |  |  |
| City & State  |   | City & State        |   |  |  |
| Zip   | Country   | Zip                 | Country   | 4. FEI Number<br>33-1022344  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                     |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>HOWARD, WARREN<br>2013 PALM AVE<br>SARASOTA, FL 34231  |   |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE: <i>Warren Howard</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> <i>12-17-04</i><br/> <small>DATE</small> </div> </div>  |   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>  |   |                     | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HOWARD, WARREN<br>2013 PALM AVE<br>SARASOTA, FL 34231 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: center;"> <b>200043537592</b><br/> <b>12/20/04--01070--017 **150.00</b> </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| 12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |                     |   |  |  |
| SIGNATURE: <i>Warren Howard</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                     | <i>12-17-04</i><br><small>Date</small>  |  |  |