# 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000074668

Entity Name: THM CONSULTANTS INC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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4095 SR 7 STE 'L' # 205 320 ISLAND WAY LAKE WORTH, FL 33467 STE 306

CLEARWATER, FL 33767

Current Mailing Address: New Mailing Address:

4095 SR 7 STE 'L' # 205 3046 CANTER WAY LAKE WORTH, FL 33467 DULUTH, GA 30097

FEI Number: 11-3288750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NADGONDE, SURESH
4095 SR 7 STE 'L' # 205
LAKE WORTH, FL 33467 US
BHASIN, PAUL G
320 ISLAND WAY
STE 306
CLEARWATER, FL 33767 US

The above named entity submits this statement for the numero of changing its registered office or registere

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: PAUL BHASIN 05/01/2008

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:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 NADGONDE, SURESH
 Name:
 NADGONDE, SURESH

 Address:
 4095 SR 7 STE 'L' # 205
 Address:
 3046 CANTER WAY

 Address:
 4095 SR 7 STE 'L' # 205
 Address:
 3046 CANTER WAY

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 DULUTH, GA 30097

Title: ( ) Delete Title: D ( ) Change (X) Addition
Name: NADGONDE BHAIRAVI

 Name:
 Name:
 NADGONDE, BHAIRAVI

 Address:
 Address:
 3046 CANTER WAY

 City-St-Zip:
 City-St-Zip:
 DULUTH, GA 30097

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: SURESH NADGONDE D 05/01/2008