


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 25 AM 11:06 DIVISION OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000076527 1. Corporation Name <h1 style="margin: 0;">Thongs, Inc</h1>					
2. Principal Office Address - No P.O. Box # 100 S. Birch Rd		3. Mailing Office Address 			
Suite, Apt. #, etc. #2304		Suite, Apt. #, etc. 			
City & State Ft. Lauderdale, FL		City & State 			
Zip 33316	Country USA	Zip 	Country 		
7. Name and Address of Current Registered Agent Name Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable) 300 Fifth Avenue South Suite, Apt. #, Etc. Suite 101-330 City Naples					
		State FL	Zip Code 34102		
8. I, 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 <u><i>David M. Williams</i></u> Date <u>5/10/07</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
Dir	Majed Soueldan	1116 Pheasant Lane	Collegeville, PA 19426		
			900103210695 05/25/07--01044--004 **1200.00		
	<i>87615</i>				
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 contained in Chapter 119, 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5-10-07</u> Daytime Phone # _____			

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified To Do Business in Florida

11 July 2003

5. FEI Number

11 3696182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.