

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2006 OCT 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/13/06 90270 023 \$150.00



10062006 REIN-P CR2E098(11/05) 06

DOCUMENT # P05000044527 Entity Name LTHB INVESTMENT PROPERTY INC.					
Principal Place of Business 5261 SW 9TH ST PLANTATION, FL 33317			Mailing Address 5261 SW 9TH ST PLANTATION, FL 33317		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BOGLE, LAVERN 5261 SW 9TH ST PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOGLE, LAVERN 5261 SW 9TH ST PLANTATION, FL 33317		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>L Bogle</i></u> 10/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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LTHB PROPERTY INVESTMENT PROPERTY INC.
P.O. BOX 15882, PLANTATION, FLORIDA 33318
TELEPHONE # (954) 257-4713
FAX # (954) 530-7593

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FLORIDA 32314-6198

RE: account # P05000044527

I do hereby request that my annual business report for 2006 be reinstated due to the fact I did file it on time and a copy of my returned check is enclosed.

I may have sent that check with my **TAX ID # NUMBER INSTEAD** of using the business ID # **my tax ID # is 20-2785019**. Please try and straightened this situation out for me and let me know as soon as possible. I also have my account addressing this problem also.

Your kind cooperation in handling this matter is highly appreciated.

Yours truly,



LAVERN T. BOGLE
OWNER/MANAGER

10/6/07