

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUL 12 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000006290

1. Corporation Name

THYRFF CORPORATION

804 NORTH

2. Principal Office Address - No P.O. Box #

STATE ROAD 7

Suite, Apt. #, etc.

MARGATE

City & State

FL

33063

Country

USA

804 NORTH

3. Mailing Office Address

STATE ROAD 7

Suite, Apt. #, etc.

MARGATE

City & State

FL

33063

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2006

5. FEI Number

841699760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glen WAUGH

Street Address (P.O. Box Number is Not Acceptable)

7385 NW 52 CT

Suite, Apt. #, etc.

Lauderhill

City

State

FL

Zip Code

33319

600249748466
07/12/13--01040--012 **1200.00

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

REGISTERED AGENT MUST SIGN

Date

June 28, 2013

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
P	Glen WAUGH	7385 NW 52 CT	LAUDERHILL FL 33319
VP	Sandra WAUGH	7385 NW 52 CT	LAUDERHILL FL 33319

REINSTATEMENT 10-13

JUL 15 2013

T. SCOTT

10 E-mail Address: PANZIE RN @ YAHOO.COM / AOL J. Waugh 1987
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glen WAUGH

JUNE 28, 2013

954 873 5732