

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAY 18 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO6000006290**

1. Limited Liability Company's Name

**THURFF CORPORATION**

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

**804 NORTH STATE**

Suite, Apt. #, etc.

**RD 7**

City & State

**MARGATE FL**

Zip

**33063**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

**SAME**

City & State

Zip

**33063**

Country

**USA**

CR2E041 (1/14)

4. State/Country of Formation

**FL & USA**

5. Date Organized or Qualified  
To Do Business in Florida

**01/12/2006**

6. FEI Number

**841699760**

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

**GLEN WAUGH**

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

**7385 NW 52 CT**

Apt. #, Etc.

**PH**

City

**LAUDERHILL**

State

**FL**

Zip Code

**33319**

**800285914358**

05/17/16--01021--018 \*\*\$00.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

**5/6/16**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	GLEN WAUGH	7385 NW 52 CT	LAUDERHILL, FL 33319
VP	SANDRA WAUGH	7385 NW 52 CT	LAUDERHILL, FL 33319
			<b>S. HAWKES</b>
			<b>MAY 10 AM</b>
			<b>EXAMINER</b>

11. E-mail Address:

**J WAUGH 1987@yahoo.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member

*[Signature]*  
**GLEN WAUGH**

Date

**5/6/16**

Daytime Phone #

**954 873 5732**