


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019796
1. Corporation Name
TH 27 Corporation

2. Principal Office Address 881 Ocean Drive		3. Mailing Office Address 881 Ocean Drive	
Suite, Apt. #, etc. TH 27		Suite, Apt. #, etc. TH 27	
City & State Key Biscayne, FL		City & State Key Bisacyme, FL	
Zip 33149	Country USA	Zip 33149	Country USA

REINSTATEMENT 95-00

4. Date Incorporated or Qualified To Do Business in Florida 3/14/94	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name
William P. McCaughan

Street Address (P.O. Box Number is Not Acceptable)
80 S.W. 8th Street

Suite, Apt. #, Etc.
Suite 2803

City
Miami

State
FL

Zip Code
33130

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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 *William P. McCaughan* Date 11/8/00

REGISTERED AGENT MUST SIGN

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
DP	John W. Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
DV	Juliana Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
DST	Catalina Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149

10. I certify that I am an officer or director or the majority of 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 under section 119.07(3)(i), 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: *[Signature]* Date: 11/11/00 Corporate Name #: 305-361-3444

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