




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000019796			
1. Corporation Name TH 27 CORPORATION			
881 Ocean Drive 881 Ocean Drive			
2. Principal Office Address 881 Ocean Drive		3. Mailing Office Address 881 Ocean Drive	
Suite, Apt. #, etc. Apartment 27B		Suite, Apt. #, etc. Apartment 27B	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country US	Zip 33149	Country US
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 20-1243814		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Alvaro Castillo B., P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue			
Suite, Apt. #, Etc. Suite 200			
City Miami		State FL	Zip Code 33131
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 		Date 6-15-04	
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
D/P	John W. Kirby	881 Ocean Drive, Apt. 27B	Key Biscayne, FL 33149
D/V	Juliana Kirby	881 Ocean Drive, Apt. 27B	Key Biscayne, FL 33149
D/S/T	Catalina Kirby	881 Ocean Drive, Apt. 27B	Key Biscayne, FL 33149
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 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: 		Date 6-15-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305 365 1718	

FILED
04 JUL -2 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

CR2E081 (01/04)