

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1243814

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

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

900038645699

07/02/04--01056--003 \*\*450.00

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

REGISTERED AGENT MUST SIGN

Date 6-15-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-15-04 305 365 1718

CR2E081 (01/04)