2006 FOR PROFIT CORPORATION REINSTATEMENT

, REINSTATEMENT								,	e		
DOCUMENT # P94000089401 1. Entity Name TMI INTERNATIONAL, INC.							06 FEB - 7 PM 3: 23				
Principal Place of Business Mailing Address]	- Till		م 17 سب	
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SANFORD, FL 32771				SANFORD, FL 32771			الالتعادية	ひじげいいじょう	. u u u u u u	: YOUNDA	05-0
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2. Principal Place of Business				3. Malling Address							
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Suite, Apt. #, etc.			Į.	Suite, Apt. #, etc.			62032006	REIN-P	CR2E0	98 (11/05)	
City & State				City & State			4. FEI Numbe			ΙΔ	plied For
City & State				City d State			59-328				t Applicable
Zip	Zip Country			Zip Coun		ntrv	\$9.75 Addition				
	Country		[,	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Regis				Jistered Agent			7. Name and Address of New Registered Agent				
Name											
LEE, THOMAS J						Street Address (P.O. Box Number is Not Acceptable)					
5100 LINV				Street Address ((P.O. BOX NUMBI	er is Not Acceptable)				
SANFORD), FL 327	/1									
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						City			FL	Zip Cod	e
8. The above	named entit	v submits this :	statement for the	purpose of changing its	register	ed office or registe	red agent, or bo	h. in the State of Flo	rida. Lam	familiar with.	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legistered agent.											
11301200											
SIGNATURE Signature (Noed or project and or registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE											
In accordance with s. 607.193(2)(b), F.S., the											
FII	re NoMii	! FEE 18 \$3	300.00					corporation did i	not receive	e the prior r	notice.
10.	 -	OFFI	CERS AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	
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NAME	LEE, THOMAS J					-				C.) Orange	
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CITY-ST-ZIP						'-\$1-ZIP	03/09	1/0601050	003	**300.	00
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12. I hereby o	certify that th	e information s	upplied with this f	filing does not qualify fo	r the exe	emptions contained	in Chapter 119	, Florida Statutes. I	further cert	ify that the Ir	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
changed, or on an attachment with an address, with all other like empowered.											
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SIGNAT	URE: _) hc	100 - C CHMC	hub	.		32 Jos	7		
		- DUNATURE A	NO ITTED ON PRINTE	D NAME OF SIGNING OFFICER	OK DAKEC	TURK		Otte	D	Saytme Phone #	