

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 10:58

mtu
11/4

DOCUMENT # S63886

1. Corporation Name

T.H.C. FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~6894 LAKE WORTH ROAD~~ 3037 Buckridge Trail
~~SUITE 200~~ ~~LAKE WORTH FL 33467~~
LAKE WORTH FL 33467 Loxahatchee, FL. LAKE WORTH FL 33467
33470



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3037 BUCKRIDGE TRAIL

Suite, Apt. #, etc.

LOXAHATCHEE, FL.

City & State

33470 FL

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. BOX 885

Suite, Apt. #, etc.

LOXAHATCHEE

City & State

33470 FL

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1991

5. FEI Number

65-0318368

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	MICHAUD, MICHAEL W.	6894 LAKE WORTH ROAD	LAKE WORTH FL
P/T/S	DR. PFERDEKEMPER HORST E	3037 BUCKRIDGE TR	LOXAHATCHEE, FL 33470

8. Name and Address of Current Registered Agent

MICHAUD, MICHAEL W.
6894 LAKE WORTH ROAD
SUITE 200
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

DR. PFERDEKEMPER, HORST E

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

3037 BUCKRIDGE TR

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date NOV. 1, 97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

NO ACTIVITY SO FAR
(See other side for information on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 1, 97 (561) 793-9869

Date

Daytime Phone #

CP2040 (9/97)