

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 NOV -8 PM 3:32

SECRETARY OF STATE
TALLAHASSEE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674501

1. Corporation Name

MPT, Jax, Inc.

2. Principal Office Address - No P.O. Box #

240 Talleyrand Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip Country
32202 USA

3. Mailing Office Address

116 River Plantation Rd N

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip Country
32092 USA

CR2E08: (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/1980

5. FEI Number

59-2003632

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

Kathleen Holbrook Cold

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

One Independent Dr

Suite, Apt. #, ETC.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

300292094563
11/10/16--01008--028 **600.00
300292094563
11/08/16--01011--024 **1085.00

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

Kathleen Holbrook Cold

Date 11/4/16

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
DST	Mary Louise Thomas	2746 JOE ASHTON ROAD 116 River Plantation Rd N	St Augustine, FL 32092
DP	Mary Louise Thomas	2746 JOE ASHTON ROAD 116 River Plantation Rd N	St Augustine, FL 32092

reinstatement 10-46
dec

10. E-mail Address: kcold@hacsr.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mary Louise Thomas MARY LOUISE THOMAS

NOV. 1, 2016

904.810-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HOLBROOK, AKEL, COLD, RAY & REICHARD, P.A.

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202-5059

EDWARD C. AKEL
KATHLEEN HOLBROOK COLD
DANIEL D. AKEL
H. LEON HOLBROOK, III
THOMAS R. RAY
BETHANY RAY REICHARD
MUSA K. FARMAND

H. LEON HOLBROOK
(904) 356-2005

TELEPHONE
(904) 356-6311

FACSIMILE
(904) 356-7330

November 8, 2016

Diane Cushing
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

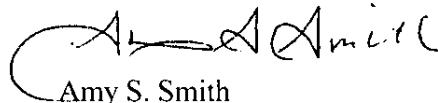
Re: MPT, Jax, Inc.

Dear Ms. Cushing:

Enclosed please a check in the amount of Six Hundred Dollars (\$600.00) for the remaining costs due for reinstatement of the above referenced matter.

Thank you for your assistance.

Respectfully,



Amy S. Smith
Paralegal for Kathleen Holbrook Cold

/as
Enclosures