PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 19 AM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA
600037434516
06/01/04--01006--005 **900.00

DOCUMENT # F02000005985

1. Corporation Name
27 MHMS, Incorporated

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
200 South Biscayne Boulevard		200 South Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2730		Suite 2730	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business In Florida 12-03-02

5. FEI Number 86-0771088 ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 E. 6th Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent: See attached — REGISTERED AGENT MUST SIGN — Date

CR2E061 (01/04)

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	Maximo Haddad	200 South Biscayne Blvd., Ste. 2730	Miami, Florida 33131
P/S/T	Maximo Haddad	200 South Biscayne Blvd., Ste. 2730	Miami, Florida 33131
D/VP	Charles Haddad	200 South Biscayne Blvd., Ste. 2730	Miami, Florida 33131
ASST SEC.	Georgina Inigo Maruri	200 South Biscayne Blvd., Ste.2730	Miami, FL 33131

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: Charles E.Haddad 305-375-6000 5/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/19/04

ENTITY NAME: 27 MHMS, Incorporated

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner

Denise Zollner, Assistant Secretary
Paracorp Incorporated