

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **F02000005985**

1. Corporation Name

27 MHMS, Incorporated

FILED

04 MAY 19 AM 2:56

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06/01/04--01006--005 **900.00

REINSTATEMENT *03-04*

2. Principal Office Address

200 South Biscayne Boulevard

3. Mailing Office Address

200 South Biscayne Boulevard

Suite, Apt. #, etc.

Suite 2730

Suite, Apt. #, etc.

Suite 2730

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-02

5. FBI Number

86-0771088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐89.75 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
FLZip 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 617.0503, F.S.

Signature of
Registered Agent*See attached*

Date

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
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
DVP	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)(b), 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

Charles E. Haddad 305-375-6000 5/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

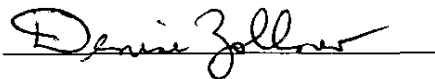
STATE OF FLORIDA

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.

A handwritten signature in cursive script, reading "Denise Zollner", is written over a horizontal line.

Denise Zollner, Assistant Secretary
Paracorp Incorporated