PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 DEC 31 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002019**

1. Corporation Name

MP III HOLDINGS, INC.

Principal Place of Business	Mailing Address
6000 CINDERLANE PKWY. ORLANDO FL 32810	6000 CINDERLANE PKWY. ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1993

5. FEI Number: 23-2718236 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
EV	KANE, COLEMAN	1180 ZEAGER RD	ELIZABETHTOWN PA 17022
VPST	DALGLISH, BRUCE	101 BRYN MAWR AVE., STE. 101	BRYN MAWR PA 19101
CFO	SEMPELES, DAVID	1180 ZEAGER RD	ELIZABETHTOWN PA 17022

800002389001B---8
-01/05/98--01113--003
$1,12/98 ****750.00 ****750.00

800002389001B---9
-01/05/98--01113--004
******8.75 ******8.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: ROBERT F GUM
Street Address (P.O. Box Number Is Not Acceptable): 1639 Wild Jacigo
Suite, Apt. #, Etc.:
City: DeLand FL. 32724
State: FL Zip Code:

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: R. Gum Robert F Gum REGISTERED AGENT MUST SIGN Date: 11/5/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(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: Robert F Gum — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97 Date

1-800-346-5820 Daytime Phone #

CR2E040 (8/97)