

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -2 PM 2:31

DOCUMENT # **H 70829**

1. Corporation Name  
MYRTLE GROVE, INC.

2. Principal Office Address  
5100 Northpointe Parkway

3. Mailing Office Address  
5100 Northpointe Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Pensacola, Florida

City & State  
Pensacola, Florida

Zip  
32514

Country  
U.S.A

Zip  
32514

Country  
U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida 8/12/85

5. FEI Number  
59-2662150

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  
Mohamad Mikhchi

Street Address (P.O. Box Number is Not Acceptable)  
5100 Northpointe Parkway

500032496335  
04/12/04-01115-020 \*\*1200.00

Suite, Apt. #, Etc.

City  
Pensacola

State  
FL

Zip Code  
32514

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

REGISTERED AGENT MUST SIGN

Date April 1, 2004

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	Mohamad Mikhchi	5100 Northpointe Parkway	Pensacola, Florida 32514

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2004

Date

(850) 478-1114

Daytime Phone #

CR12E081 (01/04)