



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

36

02 DEC 19 AM 8:01

1. DOCUMENT # L01090008935

# REINSTATEMENT

2002

0004722 01 FP 0.352 \*\*PRSRT T5 0 0615 33602-531020

Age Group	Number of People (Millions)
0-4	10
5-9	10
10-14	10
15-17	10
18-24	15
25-34	15
35-44	15
45-54	15
55-64	15
65+	20

BULLDOG INVESTORS, LLC  
100 SOUTH ASHLEY DRIVE  
SUITE 1270  
TAMPA FL 33602-5310

800009594708  
12/19/02--01017--005 \*\*150.00



<b>2. New Mailing Address</b>  City, State, Zip _____		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 100 SOUTH ASHLEY DRIVE SUITE 1270 TAMPA FL 33602		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/05/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip _____		<b>6. FEI Number</b> 59-3733072	
		Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>  CASTELLANO, NELSON T 101 EAST KENNEDY BLVD. SUITE 2700 TAMPA FL 33601	<b>9. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [Signature] Date: 12/12/02

**REGISTERED AGENT MUST SIGN**

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	FRANK E. SILCOX	100 S. Ashley Drive, Ste. 1270	TAMPA / FL / 33602
Managing Member	THOMAS E. JOHNSON	100 S. Ashley Drive, Ste. 1270	TAMPA / FL / 33602

REINSTATEMENT 2002

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Frank Silcox Date: 12-5-02 Daytime Phone # 813-209-0004

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : PORGES, HAMLIN, KNOWLES AND PROUTY, PA.  
Account Number : 076077002227  
Phone : (941) 748-3770  
Fax Number : (941) 746-4160

**CORPORATION REINSTATEMENT**

**M.H. PARTNERS GROUP I, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00