

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LG6000028227**

1. Corporation Name
GHR CAPITAL PARTNERS LLC

REINSTATEMENT *27-09 2PM*

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
3498 NW 14TH COURT

3. Mailing Office Address
3498 NW 14 CT

Suite, Apt. #, etc.
3498

Suite, Apt. #, etc.
3498

City & State
LAUDERHILL, FL

City & State
LAUDERHILL, FL

Zip Country
33311 USA

Zip Country
33311 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
MARCH 16, 2006

5. FEI Number
14-1977242

6. CERTIFICATE OF STATUS DESIRED See 75. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
THE COMPANY CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
Assistant VP
REGISTERED AGENT MUST SIGN

Date
2/18/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|------------------------------------------------|--------------------|
| MGRM | WALTER HOWARD | 7135 SPYGLASS AVE | PARKLAND, FL 33076 |
| MGRM | JULETTE HOWARD | 7135 SPYGLASS AVE | PARKLAND, FL 33076 |
| MGRM | STACE-JO HOWARD | 7135 SPYGLASS AVE | PARKLAND, FL 33076 |
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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 contained in Chapter 119, 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 *Walter Howard* **WALTER HOWARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/09** Daytime Phone # **954 610 9610**