PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED
01 OCT 25 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024973

1. Corporation Name
MRH Investments Inc.

2. Principal Office Address	**3.** Mailing Office Address
15371 Roosevelt Blvd.	Same
Suite, Apt. #, etc.: #105	Suite, Apt. #, etc.:
City & State: Clearwater, FL	City & State:
Zip: 33760 Country: Pinellas	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/6/00

5. FEI Number: 59-3645487 ☐ 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: Michael Hatmaker

200004679622--1
-11/14/01--01095--020
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 471 Harbor Dr. S.

Suite, Apt. #, Etc.:

City: Indian Rocks Beach State: FL Zip Code: 33785

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: _____ Date: 10/22/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres.	Michael Hatmaker	471 Harbor Dr. S.	Indian Rocks Beach, FL 33785

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)(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: _____ 10/22/01 727-524-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

208

Meridian
Health Services
Respiratory & Medical Equipment Specialists

Phone: (727) 524-1900 • (800) 203-6224 • Fax (727) 539-7418

To Whom it may Concern,
Per Michelle with your office I am enclosing $150.00 to reinstate this corp. I never received the annual renewal due to moving. Per Michelle it was returned to your office undeliverable by the post office. If you could reinstate