

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 11 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038685

1. Corporation Name

M&H Transport, Inc.

2. Principal Office Address - No P.O. Box #
4375 SW CR 152

Suite, Apt. #, etc.

City & State
Jasper, FL

Zip
32052

Country
USA

3. Mailing Office Address
PO Box 1689

Suite, Apt. #, etc.

C/O Kenneth M Daniels, CPA P.A.

City & State
Jasper, FL

Zip
32052-1689

Country
USA

600150950806
04/17/09--01037--006 **\$600.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 04/09/02

5. FEI Number
90-0018861

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
Mary F Hughes

Street Address (P.O. Box Number is Not Acceptable)
4375 SW CR 152

Suite, Apt. #, Etc.

City
Jasper

State
FL

Zip Code
32052

☒ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary F. Hughes

REGISTERED AGENT MUST SIGN

Date 04/07/2009

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
P	Mary F Hughes	4375 SW CR 152	Jasper, FL 32052
S	Hazel V Williams	4375 SW CR 152	Jasper, FL 32052

600150950806
05/12/09--01005--012 **\$185.00

REINSTATEMENT

RH

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:

Mary F. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/09

Date

(386) 792-1577

Daytime Phone #