


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS  
W 016 000000711

**DOCUMENT #** P 02000049136

**1. Corporation Name**  
Myrtlewood Management, Inc.

**2. Principal Office Address**  
350 Camino Gardens Blvd  
Suite, Apt. #, etc.  
Suite 102  
City & State  
Boca Raton, FL  
Zip  
33432  
Country  
Palm Beach

**3. Mailing Office Address**  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 26 AM 7:25

000065563100  
02/10/06--01006--013 \*\*450.00

**REINSTATEMENT**

04-06

**4. Date Incorporated or Qualified To Do Business in Florida** 05/01/2002

**5. FEI Number** 90-0044688 ☐ Applied For ☒ Not Applicable

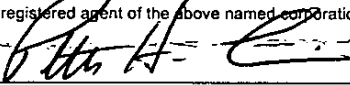
**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name  
Peter H. Collins

Street Address (P.O. Box Number is Not Acceptable)  
350 Camino Gardens Blvd,  
Suite, Apt. #, Etc.  
Suite 102  
City  
Boca Raton  
State  
FL  
Zip Code  
33432

**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.**

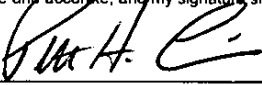
Signature of Registered Agent  Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**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	Peter H. Collins	350 Camino Gardens Blvd Suite 102	Boca Raton, FL 33432

**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:**  **12/27/05** **561-361-6463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1131

212

# MYRTLEWOOD MANAGEMENT, INC.

December 27, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327


Re: Reinstatement of Myrtlewood Management, Inc.

To Whom It May Concern,

I am seeking a waiver of the Reinstatement Fee for Myrtlewood Management, Inc. Due to the incorrect address the State had on file (see on reinstatement form), I never received the annual report for the company. During my end of the year review I discovered the address error and Administrative Dissolution.

The address has been corrected on the Application for Reinstatement and enclosed is a check for the reinstatement fee of \$150.00. Please advise if there is any further action needed on behalf of Myrtlewood Management, Inc.

Thank you



Peter H. Collins  
Director

Enclosures: 2