

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000048156**

1. Corporation Name

MYRTLEWOOD MANAGEMENT, INC.

2. Principal Office Address

8000 N. FEDERAL Hwy.

Suite, Apt. #, etc.

SUITE 310

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2002

5. FEI Number

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)

8000 N. FEDERAL Hwy.

Suite, Apt. #, Etc.

SUITE 310

City

BOCA RATON

State

FL

Zip Code

33487

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

Peter H. Collins

Date

11/17/03

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	COLLINS, PETER H.	8000 N. FEDERAL Hwy. SUITE 310 BOCA RATON, FL 33487	

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:

Peter H. Collins

PETER H. COLLINS

Date

11/17/03

Daytime Phone #

561-213-9779

CR2E081 (10/02)

November 17, 2003

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

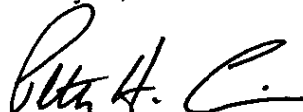
RE: Reinstatement for Myrtlewood Management, Inc.

To Whom It May Concern:

I am seeking a waiver of the Reinstatement Fee for Myrtlewood Management, Inc. Due to the incorrect zip code the State had on file (see zip code provided on reinstatement form), I never received the annual report for the Company. I only received the Application for Reinstatement after the post office had attempted to deliver it twice to the wrong address.

I have corrected the zip code on the Application for Reinstatement and have enclosed my check for \$150.00. Please let me know if there is any further action needed on behalf of Myrtlewood Management, Inc.

Thank you,



Peter H. Collins
Director