

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096235

1. Corporation Name

MH MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~100 STARPORT WAY STE 4~~
~~SANFORD FL 32773~~

~~100 STARPORT WAY STE 4~~
~~SANFORD FL 32773~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2773 Navigator Ave
Suite, Apt. #, etc.

2773 Navigator Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Sanford, FL

City & State
Sanford, FL

Zip Country
32773 Seminole

Zip Country
32773 Seminole

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARRISON, MICHAEL	100 STARPORT WAY STE 4	SANFORD FL 32773

500023964845
10/21/03--01038--020 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, MICHAEL

~~100 STARPORT WAY STE 4~~
~~SANFORD FL 32773~~

Name

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

2773 Navigator Ave
Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael Harrison
REGISTERED AGENT MUST SIGN

Date 10-15-03

11. 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:

Michael Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 407-300-2210

CR2E040 (7/03)

MH Management Group, Inc.
2773 Navigator Avenue
Sanford, Fl 32773
407-302-2210

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

RE: Reinstatement of MH Management Group, Inc

We moved our offices in December 2001 and consequently did not receive the proper notification or reinstatement papers. We have since taken the necessary action to receive the papers.

We have spoken with the Department and they stated there would be a \$150 reinstatement fee. We have included a check for this amount and request our company to be reinstated.

If there is any other information or materials that need to be filled out or processed, please contact us to notify us of these documents.

Thank you,

MH Management Group, Inc.
407-302-2210