PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 FEB 13 PM 4:09

DOCUMENT # P11000038344

1. Corporation Name
GHR Group, Inc.

REINSTATEMENT 2012

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
127 Miracle Strip Parkway, SW	PO Box 887
Suite, Apt. #, etc.: Suite N-7	Suite, Apt. #, etc.
City & State: Fort Walton Beach, FL	City & State: Mary Esther, FL
Zip: 32548 / Country: Okaloosa	Zip: 32569 / Country: Okaloosa

4. Date Incorporated or Qualified To Do Business in Florida: 4/20/11

5. FEI Number: 45-1790673 ☐ 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: James M. Levy, Of Counsel, Stephens Law Firm, PA

Street Address (P.O. Box Number is Not Acceptable): 4507 Furling Lane, Suite 210

Suite, Apt. #, Etc.:

City: Destin | State: FL | Zip Code: 32541

900220617429
02/07/12--01003--004 **750.00

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: 1/31/12
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
P	David W. Brown	5414 Hopetown Lane	Panama City, FL 32408
VP	DC Mickle	127 Miracle Strip Parkway, SW, Suite N-7	Fort Walton Beach, FL 32548
S	Chris Cadenhead	543 Harbor Blvd, Suite 202	Destin, FL 32541

10. E-mail Address: mickled@pmipeo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: DC Mickle 1/4/2012 850-499-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 13 2012
A. DUNLAP