PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | 04 APR 15 AM 10: 12 SECRETARY OF STATE TALLAHASSIEL FLORIDA |
| DOCUMENT #P 93000 | 188350 | TALLAHASSI I. I LOKIDA |
| 1. Corporation Name MMH of Volusia County | | |
| MMH & Voidsiac County | <i>,</i> " | |
| 2017 S. Ridgewood Ave. Suite, Apt. #, etc. | 3-Mailing Office Address 61539 Center Are. | REINSTATEMENT_OSO |
| oute, pr. 11 apr | Sand, the mission | 4. Date Incorporated or Qualified |
| City & State | City & State Hill, F1 | To Do Business in Florida 12-20-93 5. FEI Number Applied For |
| South Daytona, Fr. | HOlly Hilly +1 | 59-3216346 Not Applicable |
| 32119 USA | 32117-2021 USA | CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| | 7. Name and Address of Current Registe | ered Agent |
| Barry L. | Moore | |
| Street Address (P.O. Box Number is N | dgewood Avenue | |
| Suite, Apt. #, Etc. | <u>age 00005: 71 = 1.42</u> | 04/15/0401046007 **308 75 |
| city South Dai | itona Fl | State Zip Code 9 |
| 8. I, being appointed the registered agent of the abo | ove named corporation, am familiar with and accept the | obligations of section 607.0505 or 617.0503, F.S. |
| Signature of Registered Agent | Um | bbligations of section 607.0505 or 617.0503, F.S. |
| | EGISTERED AGENT MUST SIGN | |
| Name of | nd/or Director (Florida nonprofit corporations must list at Street Address of Eac | Sh. |
| Officers and/or Directors | S Officer and/or Direct | or , City/State/2ip |
| PD Barry L. Moo | re 6100 Pheasant | |
| STD James R. Hube | ert 696-Tumble broi | & Dr. Port Grange, Fl. 32119 |
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| this reinstatement application, the reason for dis owed by the corporation have been paid and the | solution has been eliminated, the corporate name satisfic | provided for in chapter 607 or 617, F.S. I further certify that when filling es the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption under section 119.07(3)(i), F.S. The information indicated ler oath. |
| SIGNATURE: SIGNATURE AND TYPED OR PI | PINTED NAME OF SIGNING OFFICER OR DIRECTOR | 9-13-04 Date Daytime Phone # |
| Contract of the contract of th | | |

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| | Bamilton-Masters, Associates, | Inc_ |
|--------------------|-------------------------------|---------------------------|
| 1539 CENTER AVENUE | (ACCOUNTING ASSOCIATES) | HOLLY HILL, FLORIDA 32117 |

(386) 254-7541 Fax: (386) 254-8215 6 April 2004

Division of Corporations
Department of State
Tallahassee Florida

Re: MMH of Volusia County, Inc. Document #P93000088350

Dear sirs (madam),

As per our conversation on the telephone, this afternoon, the above named corporation was dissolved by you this past September for non payment of the annual fee for 2003. As we discovered when trying to file this years (2004) by internet, you had somehow put the wrong address on the records in your files, so no renewal was done for 2003. Therefore, the 2003 notification was never received. We are enclosing a check for the 2003 and the 2004 annual report along with the certificate of status fee to reinstate this corporation, for a total of \$308.75, as you agreed that we would not have to pay the late fees due to the error of the mailing address. Thank you for your cooperation in this matter.

Sincerely,

John M. Masters,

Accountant for above named business