

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062126

1. Corporation Name

M. H. PROPERTIES, INC.

Principal Place of Business

133 SE 5TH ST. N.
BELLE GLADE FL 33430

Mailing Address

133 SE 5TH ST. N.
BELLE GLADE FL 33430

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1994

5. FEI Number

65-0517049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTIN, H J	133 SE 5TH ST. N.	BELLE GLADE FL 33430
D	MARTIN, BETTE A	133 SE 5TH ST. N.	BELLE GLADE FL 33430

1000008644951
10/29/02--01038--020 **150.00

8. Name and Address of Current Registered Agent

MARTIN, H J
133 SE 5TH ST. N.
BELLE GLADE FL 33430

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

361-996-7549

CR2E040 (8/02)

M. H. Properties, Inc.
133 S.E. 5th Street North
Belle Glade, Florida 33430

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

Dear Sirs:

Enclosed is the application for reinstatement for M.H. Properties, Inc. I do not understand why, but I did not receive the two prior uniform business reports for this corporation. I am enclosing a check for \$150.00 representing the fee to file the report without penalty. Please waive the reinstatement fee.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "James H. Martin". The signature is written in dark ink and is positioned above the printed name and title.

James H. Martin
President