PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400145420924
03/24/09--01030--023 **150.00

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03/10/09--01030--004 **150.00

CR2E081 (12/08)

DOCUMENT # P94000033787

1. Corporation Name
MSH Management INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1803 S Australian Ave	
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State West Palm Beach FL	City & State
Zip 33409 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11-14-94

5. FEI Number 65-0536606 ☐ 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: LARRY W Hodges
Street Address (P.O. Box Number is Not Acceptable): 1803 S Australian Ave
Suite, Apt. #, Etc.: Suite A
City: West Palm Beach State: FL Zip Code: 33409

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3-6-09
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
PD	LARRY W Hodges	1803 So Australian Ave	West Palm Beach FL 33409
DV	Michael G. Martin	420 Columbia Dr	"
STD	Gary Selmi	"	"
	REINSTATEMENT 08-09 DBruce		

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 contained in Chapter 119, 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: _____ PRES 3-6-09 561-346-4268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #