

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003-2004

FILED

04 MAY 28 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000001158

1. Corporation Name

MHM OF PANAMA CITY, INC.

2. Principal Office Address

1705 MAPLE AVENUE

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

Country

3. Mailing Office Address

1705 MAPLE AVENUE

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

Country

100037433081
06/01/04--01001--001 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
593355038

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 DUNN, DANIEL

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

1705 MAPLE AVENUE

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code
32405

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

REGISTERED AGENT MUST SIGN

and Director

Date

5/26/04

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
D	DUNN, DANIEL	1705 MAPLE AVENUE	PANAMA CITY, FL 32405

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 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:

see above
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)

P96 — 1058
Attachment

Steiner & Company
Certified Public Accountants

Phone (850) 784-0340
Fax (850) 784-4807

1714 West 23rd Street, Suite A
Panama City, Florida 32405

May 25, 2004

Ms. Melinda Lilliston/ Karon Beyer
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation: MHM of Panama City, Inc.
EIN: 59-3355038
Document #: P96000001158
Form: 2003 & 2004 Uniform Business Report

Dear Ms Beyer:

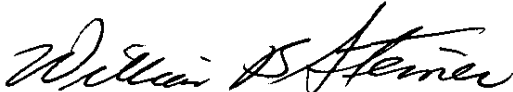
In follow up to our recent telephone conversations, please find enclosed a uniform business report form for 2003 & 2004 and a check for the filing fees of \$300.00 for the referenced client.

During 2003 this corporation moved to a temporary address and did not receive the original renewal form 2003, nor the notice of administrative dissolution.

We respectfully request your assistance in processing this renewal and a waiver of the reinstatement fee, due to the fact that the referenced corporation did not receive the notice of renewal nor dissolution.

If you have any questions, please advise.

Sincerely,



William B. Steiner
Certified Public Accountant