

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103205

1. Corporation Name

M.H. PARTNERS GROUP I, INC.

Principal Place of Business

405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

Mailing Address

405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 RECEIVED OCT 12 1999
4:32 PM



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

2. Old Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1996

5. FEI Number

59-3415775

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
DPTS	STRAKA, CHRISTOPHER J	405-F ATLANTIS RD.	CAPE CANAVERAL FL 32920
DVP	HARPER, ROBERT F IV	3240 GALLOWAY ROAD	LAKELAND FL
DVPS	JENKINS, E. WAYNE	3240 GALLOWAY ROAD	LAKELAND FL
VP	RENTZ, CYNTHIA L	405-F ATLANTIS ROAD	CAPE CANAVERAL FL 32920

8. Name and Address of Current Registered Agent

STRAKA, CHRISTOPHER J
405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003033297--0

-11/02/99-11/02/99

150.00FL150.00

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.

Date

10/21/99

REGISTERED AGENT MUST SIGN

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

10/21/99

Daytime Phone #

407-799-4900