

DEC. 19. 2002 11:46AM

PORGES, HAMLIN, KNOWLES & PROUTY

NO. 9135 P. 3/3

H02000236725 6

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 19 PM 12:35

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000103205

1. Corporation Name

M.H. PARTNERS GROUP I, INC.

2. Principal Office Address

375 GRAY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 928

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

CAPE CANAVERAL, FL

Zip

32904

Country

USA

Zip

32920

Country

USA

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 REQUIRED ☒\$175. Amendment fees required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name STRAKA, CHRISTOPHER J.

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

375 GRAY ROAD

Suite, Apt. #, etc.

City MELBOURNE

State FL

Zip code

32904

8. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of
Registered Agent

Date 12/11/2002

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	STRAKA, CHRISTOPHER J.	375 GARY ROAD	MELBOURNE, FL 32904
V.	GREGORY BELL	375 GRAY ROAD	MELBOURNE, FL 32904

10. I certify that I am an officer or director of the corporation 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 debts assume the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 11A.07(3)(b), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/11/02

Date

407/799-4900

Office Phone #

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