PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. 01JUN 21 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P980000 22527 1. Corporation Name M 8 H OF JOH 2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Not Applicable Country 75 Additional Fee required 2220 X for a Certificate of Status 7. Name and Address of Current Registered Agent Harshad Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc State Jacksonville 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Pres Harshad 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR