

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**02 JAN 22 PH 3: 05**

**DOCUMENT #** 198000022527

**1. Corporation Name**

M. & H of Jacksonville, Inc.  
4930 Soutel Drive  
Jacksonville, Florida 32218

**2. Principal Office Address**

4930 Soutel Drive

Suite, Apt. #, etc.

Jacksonville Florida

City & State

32218

Zip

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**B 00-02**

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

**5. FEI Number**

59-3523279

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

Harshad Dabhi

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

4930 Soutel Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

500004851065--0  
-01/31/02--01051-030  
\*\*\*1050.00 \*\*\*1050.00

**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

*Harshad Dabhi*

REGISTERED AGENT MUST SIGN

Date 01-17-02

**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
Pres	Harshad Dabhi	4930 Soutel Drive	Jacksonville, FL 32218

**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:**

*Harshad Dabhi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-02

Date

Daytime Phone #

CR2E081 (9/01)

*AB*