PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -8 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009796

1. Corporation Name

MHE OF NORTHWEST FLORIDA, INC.

REINSTATEMENT 2002

2. Principal Office Address	**3.** Mailing Office Address
646 Highway 98 East	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, FL	City & State
Zip: 32541 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/01/99

5. FEI Number: 593554378 ☐ 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: Hamilton D. Harper, Jr.

Street Address (P.O. Box Number is Not Acceptable): 646 Highway 98 East

Suite, Apt. #, Etc.:

City: Destin, FL 32541 State: FL Zip Code:

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: Hamilton D. Harper, Jr. Date: 11/7/02

REGISTERED AGENT MUST SIGN

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	Mai, Mark	58 Sunfish Street	Destin, FL 32541
D	Harper, Hamilton D. Jr.	510 Shore Drive	Destin, FL 32541
D	Effinger, Michael R.	7018 Wooded Meadow Road	Louisville, KY 40241
		200008859982	
		11/08/02--01073--008 **750.00	

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: Hamilton D. Harper, Jr., Director 11/7/02 850-269-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E061 (9/01)