

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 24 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
# P99000026986  
MHTV of Miami, Inc.

*[Handwritten signature]*

**REINSTATEMENT** 03-05-10P

2. Principal Office Address  
1692 Orion Lane

3. Mailing Office Address  
138.S. Vesper Bend Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Weston, Florida

City & State  
The Woodlands, Texas

Zip Country  
33327 USA

Zip Country  
77382 USA

4. Date Incorporated or Qualified  
To Do Business in Florida March 18/1999

5. FEI Number  
59-3569141

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  
Jose Marquez

Street Address (P.O. Box Number is Not Acceptable)  
1692 Orion Lane

Suite, Apt. #, Etc.

City  
Weston

State Zip Code  
FL 33327

100056471431  
06/23/05--01022--006 \*\*450.00

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

Date June 21-2005

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
P/T/S/N	Jose Marquez	1692 Orion Lane	Weston, Fl, 33327

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:

Jose Marquez

June 21-2005

305-300-9481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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**MHTV of Miami, Inc.**

June 21, 2005

TO:  
Department of State  
Division of Corporation  
PO BOX 6327  
Tallahassee, Fl 32314

Attention: Reinstatement Section

I didn't receive 2003 Form. Please waive the \$ 600 Reinstatement Fee because I did move  
so my address changed.

Regards

Jose Marquez

