

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

04 JUN 24 AM 11:12

DOCUMENT # P990000.86368

1. Corporation Name MHTender Care Inc.

REINSTATEMENT 02-04

2. Principal Office Address

9 Wainwood Place

Suite, Apt. #, etc.

3. Mailing Office Address

9 Wainwood Place

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32164

Country

USA

City & State

PALM COAST, FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-2000

5. FEI Number

593604503

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

MURNA HANSON

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

3 Waverling Place

Suite, Apt. #, Etc.

City

Palm Coast, FL

State

FL

Zip Code

32164

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

M. Hanson

Date

6/22/04

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
Admin- istrator	MURNA HANSON	3 Waverling Pl.	Palm Coast, FL 32164

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:

M. Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/04

Date

386-447-8887

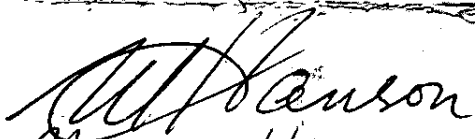
Daytime Phone #

M H Tender Care
9 Wainwood Place
Palm Coast, FL 32154
(904) 446-4533

Dear Sir/Madam

For The month year 2002 no
renewal notice was received and I
am therefore requesting a waiver
as was advised.

With Thanks


Murna Hanson
Owner, Administrator
6/22/04