

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 16 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02030

1. Corporation Name

M.H. Broome Corporation

2. Principal Office Address - No P.O. Box #

500 S. Green Dolphin Avenue

Suite, Apt. #, etc.

City & State

Cape Haze FL

Zip

33946

Country

US

3. Mailing Office Address

500 South Green Dolphin Avenue

Suite, Apt. #, etc.

City & State

Cape Haze FL

Zip

33946

Country

US

000150710530
04/16/09--01046--023 **450.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 12/24/1991

5. FEI Number
65-0312334

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

Byron A Crowe

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

500 South Green Dolphin Avenue

Suite, Apt. #, Etc.

City

Cape Haze

State

FL

Zip Code

33946

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

4/14/09

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
PD	Byron A. Crowe	500 S. Green Dolphin Avenue	Cape Haze, FL 33946

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

Byron A. Crowe, President

Date

941-698-1058

Daytime Phone #