

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 11 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056427

1. Corporation Name
MTM GREENWAY LANDSCAPING
& MANAGEMENT INC

300012307443
02/11/03--01023--020 **1200.00

300012307443
02/11/03--01023--021 **8.75
REINSTATEMENT 99-03

2. Principal Office Address
1707 E Semoran Blvd

3. Mailing Office Address
1002 WINDSONG

Suite, Apt. #, etc.

Suite, Apt. #, etc.
CIRCLE

City & State
APOPKA, FL

City & State
APOPKA, FL

Zip
32703

Zip
32703

4. Date Incorporated or Qualified
To Do Business in Florida
1998

5. FEI Number
59-3518026

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GARY M MAZZOLI

Street Address (P.O. Box Number is Not Acceptable)
1002 WINDSONG CIRCLE

Suite, Apt. #, Etc.

City
APOPKA, FL

State
FL

Zip Code
32703

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 [Signature] GARY M MAZZOLI Date 2/6/03
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
<u>PRES</u>	<u>RUSSELL NATHAN</u>	<u>23 LAKE CORTEZ DR.</u>	<u>APOPKA, FL 32703</u>
<u>SECRETRE</u>	<u>GARY M MAZZOLI</u>	<u>1002 WINDSONG CIRCLE</u>	<u>APOPKA, FL 32703</u>

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: [Signature] GARY M MAZZOLI Date 2/6/03 Daytime Phone # 407-864-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20081 (10/02)

js 2/17