

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 679312

1. Corporation Name
MTFORD, INC.

2. Principal Office Address
9012 Heathland Court

3. Mailing Office Address
9012 Heathland Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mount Dora

City & State
Mount Dora

Zip 32757 Country Lake

Zip 32757 Country Lake

4. Date Incorporated or Qualified To Do Business in Florida 7/1/1980

5. FEI Number 69-2011818 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Martha T. Ford

Street Address (P.O. Box Number is Not Acceptable)
9012 Heathland Court

Suite, Apt. #, Etc.

City Mount Dora

State FL Zip Code 32757

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 Martha J. Ford Date 2/23/00
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, S, T D	Martha T. Ford	9012 Heathland Court	Mount Dora, FL 32757
			500003161455-0 -03/08/00--D1012--014 ***900.00 ***900.00
			REINSTATEMENT <u>99-00</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: Martha J. Ford Date 2/23/00 352-383-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)