

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 2:01

DOCUMENT # F00000000062

1. Corporation Name

MTC SOFTWARE, INC.

Principal Place of Business

PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE FL 33980

Mailing Address

PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE FL 33980



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2000

5. FEI Number

61-1283531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STUNGH, GEORGE E DR.	25351 VANTAGE LANE	PUNTA GORDA FL 33983
ST	GREENWELL, R. DAN	310 WHITTINGTON PARKWAY	LOUISVILLE KY 40222
CD	ROSS, J DR.	OWENSBORO SURGERY CNTR, 1100 WAL	OWENSBORO KY 42301
D	COX, RANDY DR.	2315 MAYFAIR AVENUE, SUITE 18	OWENSBORO KY 42301

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

N/A SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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****150.00 ****150.00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President Lee 10-12-2009

CR2E040 (8/01)

MTC Software, Inc.

PMB 111
1940 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980

Voice : 941-766-1943
Fax : 941-766-7981

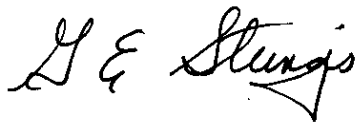
To: Florida Department of Corporation

We just received your notice of dissolution or revocation. We are a relatively new company in Florida. We have filed all the appropriate papers with our registered agent in Delaware; however, we did not receive a copy to fill out of your uniform business report for the January to May, 2001 period from our agent.

We have filled out the reinstatement form and have included a check for \$150.00.

Thank you very much for your help.

Sincerely,



G. E. Stungis
President/CEO