

APPLICATION FOR
REINSTATEMENT OF
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L9500000945

FILED
98 MAY -5 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # **L9500000945**

M.T.E., L.C.
2165 WEST ATLANTIC AVE.,
DELRAY BEACH, FL 33445

1a. Principal Place of Business Address

2165 WEST ATLANTIC AVE
DELRAY BEACH, FL 33445

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 12/7/1995	3a. State of Formation FLORIDA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0640000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report 02/12/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent

TSIKIS, EUGENE
2165 W ATLANTIC AVE
DELRAY BEACH, FL 33445

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

REINSTATEMENT 97-98
4/13/98

Zip Code

FF #877.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR } MEM }	TSIKIS EUGENE	2165 WEST ATLANTIC AVE	DELRAY BEACH, FL 33445
MEM	MARINIS VIOLENE	2165 W ATLANTIC AVE	DELRAY BEACH, FL
MEM	MARINIS GEORGE	DECEASED	
MEM	EBERWEIN INES	2165 W ATLANTIC AVE	DELRAY BEACH, FL

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 4/1/1998

Daytime Phone # 561 278-2299

EUGENE TSIKIS
MANAGER

Typed or printed name of signing Managing Member/Manager