

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -J AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000008294

1. Corporation Name

MTAT Services INC.

REINSTATEMENT 01-05

2. Principal Office Address

2582 S. MAquire Rd

Suite, Apt. #, etc.

145

City & State

OC000 FL

Zip

34761

Country

Orange

3. Mailing Office Address

2582 S. MAquire Rd

Suite, Apt. #, etc.

145

City & State

OC000 FL

Zip

34761

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

93-0842191

☒ 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

Clyde R. MULLINS, Jr.

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

2582 S. MAquire Rd.

Suite, Apt. #, Etc.

145

City

OC000

State

FL

Zip Code

34761

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

Clyde R. Mullins

REGISTERED AGENT MUST SIGN

Date 1-27-2005

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	Clyde R. MULLINS	2582 S. MAquire Rd	OC000 FL 34761

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:

Clyde R. MULLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2005 407-538-3099

Date

Daytime Phone #

CR2E061 (01/05)

2052

MT&T Services Inc.
Clyde R. Mullins/President
2582 S. Maguire Rd. # 145
Ocoee Fl. 34761
FEI: 93-0842191

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl. 32314

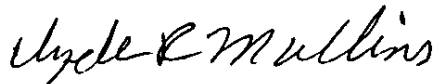
RE: Corporation Reinstatement

To whom it may concern;

I had found that my corporation status had been revoked as of 2001.

I had spoken to one of your representatives , and explaind I had never received anything from your office.

I am enclosing filing fees for years 2001 thru 2005, I respectfully request you reinstate my corporation status.



Clyde R. Mullins/President