

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [REDACTED]	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **P00000039577**
1. Corporation Name

M.T.M. STAFFING, INC.

Principal Place of Business 18230 DOLLYBROOK LANE LUTZ FL 33549	Mailing Address 18230 DOLLYBROOK LANE LUTZ FL 33549
---	---

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

2. New Principal Office Address, If Applicable M.T.M. Staffing, Inc. Suite, Apt. #, etc. 6031 Benjamin Rd. # C City & State Tampa, FL. Zip 33634 Country Hillsborough	3. New Mailing Office Address, If Applicable M.T.M. Staffing, Inc. Suite, Apt. #, etc. P.O. Box 21362 City & State Tampa, FL. Zip 33622 Country Hillsborough
---	--

FILED
01 DEC -7 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 04/14/2000	5. F.E.L. Number 59-3644141	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	BELL, MICHAEL A	18230 DOLLYBROOK LANE	LUTZ FL 33549
D	BELL, TOMMY A.	15109 LAUREL COVE CIR.	ODESSA, FL 33556
P	BELL, MELVIN J.	6828 FOUNTAIN CT.	TAMAPA, FL 33634
000004737810--4 -12/26/01--01018--001 ****758.75 ****758.75			
REINSTATEMENT 01 78			

8. Name and Address of Current Registered Agent BELL, MICHAEL A 18230 DOLLYBROOK LANE LUTZ FL 33549	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 Michael A Bell Date 11/30/01
REGISTERED AGENT MUST SIGN

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: Michael A Bell 11/30/01 (813) 882-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #