


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P00000039577**
 Corporation Name
M.T.M. STAFFING, INC.

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

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



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.	3. New Mailing Office Address, If Applicable M.T.M. Staffing, Inc.
Suite, Apt. #, etc. 10318 Benjamin Rd. # C	Suite, Apt. #, etc. P.O. Box 21362
City & State Tampa, FL.	City & State Tampa, FL.
Zip 33634	Country Hillsborough
Zip 33622	Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida 04/14/2000	
5. FEEL Number 59-3644141	Applied For 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 <i>01 78</i>			

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 #

CR2E040 (8/01)