

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000039577

1. Corporation Name

M.T.M. STAFFING, INC.

Principal Place of Business

M.T.M. STAFFING, INC.
4141 W WATERS AVE
TAMPA FL 33634

Mailing Address

M.T.M. STAFFING, INC.
P.O. BOX 21362
TAMPA FL 33622

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

04/14/2000

5. FEI Number

59-3644141

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
D	BELL, MICHAEL A	18230 DOLLYBROOK LANE	LUTZ FL 33549
D	BELL, TOMMY A	15109 LAUREL COVE CIRCLE	ODESSA FL 33556
P	BELL, MELVIN J	6828 FOUNTAIN COURT	TAMPA FL 33634

300024056423
10/23/03--01083--021 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 (813) 901-8393

CR2E040 (7/03)

MTM STAFFING, INC.

CLERICAL • HOSPITALITY • PRODUCTION • ASSEMBLY • LT. INDUSTRIAL

Florida Department of State
Glenda E. Hood
Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

M.T.M Staffing have not received prior UBR notices. We are submitting all the necessary forms along with this letter. If you have any questions or concerns, please feel free to contact me.

Thank you,


Michael Bell