

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC 23 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 901000110927

1. Corporation Name

M.M.T. Services, Inc.

2. Principal Office Address

8484 NW 23rd Manor

3. Mailing Office Address

8484 NW 23rd Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

Broward

Zip

33065

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

11-13-2001

5. FEI Number

65 1151895

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

Nancy H. Poritz

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

8484 NW 23rd Manor

Suite, Apt. #, Etc.

City

Coral Springs

State  
FL

Zip Code  
33065

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

Date

REGISTERED AGENT MUST SIGN

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	Nancy H. Poritz	8484 NW 23rd Manor	Coral Springs, FL 33065

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03

Date

954/255-7404

Daytime Phone #

Nancy Poritz

CRZE001 (10/02)