

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 22 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000006158

1. Corporation Name

CMT ENTERPRISES, INC.

2. Principal Office Address

19835 NW 10 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

BROWARD

3. Mailing Office Address

19835 NW 10 ST.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

BROWARD

REINSTATEMENT 07-09

600027404256

01/22/04--01023--013 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-02

5. FEI Number

02-0536344

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

CAROL MULLINGS

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

19835 NW 10 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Carol Mullings
REGISTERED AGENT MUST SIGN

Date 1-13-04

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
D	CAROL MULLINGS	19835 NW 10 ST	PEMBROKE PINES FL 33029
D	JENNIFER NEITA	19835 NW 10 ST	PEMBROKE PINES FL 33029

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:

Jennifer Neita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-04

Daytime Phone #

CR2E081 (10/02)

January 13, 2004

CMT Enterprises, Inc.
19835 NW 10 Street
Pembroke Pines, FL 33029

Florida Department of State
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Re: CMT Enterprises, Inc.
Ref. Number: P02000006158

Dear Sir/Madam,

We recently received a letter back from you, along with our check for \$150.00 for the annual fee due for the above corporation. Your letter stated that our corporation was administratively dissolved for failure to file our 2003 annual report.

I recently spoke to someone in your office by phone and explained that we did not file the annual report because we did not receive the annual report form in the mail from your office. Because of this we would like to request a waiver of the reinstatement fee. I was told by a member of your staff to send a check for \$300.00 along with the completed reinstatement form and a letter explaining this and our case would be reviewed.

Enclosed are the completed reinstatement form and the check for \$300.00. We apologize for an inconvenience and respectfully ask that you consider our request for a waiver of the reinstatement fee.

Respectfully,



Carol Mullings