

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**

12 FEB -6 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013785

1. Corporation Name  
MTS MARINE TECHNOLOGY SUPPLY, INC.

2. Principal Office Address - No P.O. Box #

2700 NORTH MIAMI AVENUE

3. Mailing Office Address

2700 NORTH MIAMI AVENUE

Suite, Apt. #, etc.

SUITE #410

Suite, Apt. #, etc.

SUITE #410

City &amp; State

MIAMI FLORIDA,

City &amp; State

MIAMI FLORIDA

Zip

33127

Country

USA

Zip

33127

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/2002

5. FEI Number

75-2993318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

LUIS M. LLEONART

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

782 NW 42ND AVENUE #430

Suite, Apt. #, Etc.

SUITE #430

City

MIAMI

State

FL

Zip Code

33126

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

02-03-12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S	MARIA E. GOES	2700 NORTH MIAMI AVENUE #410	MIAMI FL, 33127
D/V/T	FERNANDO GOES	2700 NORTH MIAMI AVENUE #410	MIAMI FL, 33127

**REINSTATEMENT**

FEB 06 2012

R. HUNT

200220546522  
02/06/12--01004--010 \*\*\$900.00

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 contained in Chapter 119, 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 #

MARIA E. GOES

01-26-12