

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 7:33

DOCUMENT # P02000109747

1. Corporation Name

MTM CARRIERS, INC.

Principal Place of Business

Mailing Address

931 HALF MILE ROAD
PLANT CITY FL 33565

931 HALF MILE ROAD
PLANT CITY FL 33565



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0647011

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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
P	SHIVER, TIMOTHY	931 HALF MILE ROAD	PLANT CITY FL 33565
ST ✓	KELLY, MICHAEL	931 HALF MILE ROAD	PLANT CITY FL 33565
V	KALAC, MILAN	KNIGHTS GRIFFIN ROAD	PLANT CITY FL

300024104023
10/27/03--01027--002 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIVER, TIMOTHY
931 HALF MILE ROAD
PLANT CITY FL 33565

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]
REGISTERED AGENT MUST SIGN

Date

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. KELLY

10/20/03
Date

813.719.7714
Daytime Phone #

CR2E040 (7/03)

212

WAYNE STEWART, EA
Tax Accountant

232 North Massachusetts Avenue
Lakeland, Florida 33801
(863) 683-1028

April 29, 2004

DIVISION OF CORPORATIONS
ATTN: ANDY DUNLAP
P O BOX 6327
TALLAHASSEE FL 32314

RE: MTM CARRIERS INC
931 HALF MILE ROAD
PLANT CITY FL 33565
FEIN: 02-0647011

SUBJECT: CORPORATE REINSTATEMENT


Dear Andy,

In regard to my phone conversation with you this date concerning MTM Carriers Inc., as discussed with my client, they note that no annual report for 2003 was ever received.

Please find attached a completed Corporate Reinstatement document. We are requesting that penalties be waived and any overpayment be refunded to MTM Carriers, Inc.

Many thanks for your personal attention.

Sincerely,


Wayne Stewart, EA