Daytime Phone #

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an altachment with a

SIGNATURE:

## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P03000059120 1. Entity Name 09 JUL 10 PM 3: 59 MTH ACCOUNTING, INC. Principal Place of Business Mailing Address 3608 NEWPORT AVENUE 3608 NEWPORT AVENUE **BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11262008 REIN-P CR2E098 (1/07) City & State 4. FEI Number Applied For City & State 20-0059630 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRINGTON, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 3608 NEWPORT AVENUE BOYNTON BEACH, FL 33436 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PRES TITLE ☐ Delete TITLE ☐ Addition HARRINGTON, MICHAEL T NAME NAME 700158601367 3608 NEWPORT AVENUE STREET ADDRESS STREET ADDRESS 07/16/09--01019--015 BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition JAMES, JOY NAME NAME STREET ADDRESS 3608 NEWPORT AVENUE STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 700158601367 07/16/09--01019--016 \*\*! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustegempowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

R OR DIRECTOR

## MTH ACCOUNTING, INC.

3608 NEWPORT AVENUE BOYNTON BEACH, FL 33436 TEL: (561) 432-0967 FAX: (561) 963-4742

Sunday, November 23, 2008

Florida Depart. Of State Secretary of State Division of Corporation P.O. Box 8700 Tallahassee, FL 32314

Dear Representative,

We did not receive an annual report notice last year, as a result, we were not notified of this annual payment. However, a state representative told us to put the above in writing along with the regular payment and we will be reinstated.

Please see our check for \$150. for the 2008 year. We will be making our payment soon, before May 1<sup>st</sup> in the future.

Should you have any questions please contact me at the above telephone number.

Sincerely,

Michael T Harrington

**President**