

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -7 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03000154180**

1. Corporation Name

**MTS CONSULTING CORP.**

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

**800 E. HALLANDALE BEACH BLVD.**

3. Mailing Office Address

**800 E. HALLANDALE BEACH BLVD.**

Suite, Apt. #, etc.

**SUITE 22**

Suite, Apt. #, etc.

**SUITE 22**

City & State

**HALLANDALE BEACH, FL**

City & State

**HALLANDALE BEACH, FL**

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/19/2003**

5. FEI Number

**20-063 66 74**

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  
**TIMOTHY M. HARTLEY, P.A.**

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

**110 SE SIXTH STREET**

Suite, Apt. #, Etc.

**SUITE 120**

City  
**FORT LAUDERDALE**

State  
**FL**

Zip Code  
**33301**

☒ 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

*Timothy M. Hartley*  
REGISTERED AGENT MUST SIGN

Date **3/1/07**

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
PTD	MONIQUE STACHEWITSCH	800 E. HALLANDALE BEACH BLVD., SUITE 22	HALLANDALE BEACH, FL 33009
VSD	ANDRE STACHEWITSCH	800 E. HALLANDALE BEACH BLVD., SUITE 22	HALLANDALE BEACH, FL 33009

**REINSTATEMENT**

**B 3/9/07**  
**OS-07**

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:

*André Stachewitsch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/2/07**

Daytime Phone #