

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000100130

1. Entity Name  
MATERIALS MONITORING TECHNOLOGIES, INC.



FILED

07 OCT 30 AM 9:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2109 PALM AVENUE  
TAMPA, FL 33605 US

Mailing Address  
2109 PALM AVENUE  
TAMPA, FL 33605 US

2. Principal Place of Business - No P.O. Box #  
11661 San Vicente Blvd.

3. Mailing Address  
11661 San Vicente Blvd.

Suite, Apt. #, etc.  
Suite 707

Suite, Apt. #, etc.  
Suite 707

City & State  
Los Angeles CA

City & State  
Los Angeles CA

Zip  
90049

Country  
USA

Zip  
90049

Country  
USA



REINSTATEMENT

4. FEI Number  
39-2062215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIBER, SAM  
3821 HENDERSON BLVD  
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name  
Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
155 Office Plaza Dr., Suite A

City Tallahassee FL Zip Code 32301

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.

SIGNATURE Ricardo Orozco, Secretary  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDELSON, JOEL 2109 EAST PALM AVE TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bernstein, Robert M. 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, JENNIFER 2109 EAST PALM AVE. TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Berks, William 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC EDELSON, JOEL 2109 EAST PALM AVE. TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/D Freedman, Joel R. 11661 San Vicente Blvd., Ste. 707 Los Angeles, CA 90049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Bernstein 10/19/07 (310) 708-5589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

200112087492  
11/07/07-01059-006 \*\*150.00  
2010/31