2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000133643

Entity Name: MTS VENTURES, INC.

FILED Oct 05, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

895 N. FERDON BLVD. 1707 OSCEOLA BAY AVE CRESTVIEW, FL 32536 NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

1707 OSCEOLA BAY AVE 6449 AMANDA CT CRESTVIEW, FL 32536 NICEVILLE, FL 32578

FEI Number: 20-5754220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STYRON, MICHELLE T STYRON, MICHELLE T 1707 OSĆEOLA BAY AVE 6449 AMÁNDA CT CRESTVIEW, FL 32536 US NICEVILLE, FL 32578

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.

SIGNATURE: M T STYRON 10/05/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

STYRON, MICHELLE T Name: 1707 OSCEOLA BAY AVE Address: City-St-Zip: NICEVILLE, FL 32578

Title:

Name: STYRON, MARK T P.O. BOX 937 Address:

CRESTVIEW, FL 32536 City-St-Zip:

Title:

DAVIS, MARVIN E Name: P.O. BOX 997 Address:

City-St-Zip: CRESTVIEW, FL 32536

Title:

GAINES, ROBERT R Name: Address: 5985 CLAYBOURNE COVE City-St-Zip: CRESTVIEW, FL 32536

Title:

Name: STYRON, CLAY T Address: 1707 OSCEOLA BAY AVE City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ SIGNATURE: M T STYRON 10/05/2011