## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000087584

City-St-Zip:

FILED Dec 09, 2009 Secretary of State

Entity Nar	me: MTM PAII	NTING UNLIMITED, INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
7715 SW 8 OCALA, FI	32ND STREET L 34476 US						
Current Mailing Address:			New Mailing Address:				
7715 SW 8 OCALA, FI	32ND STREET L 34476 US						
FEI Number:	: 26-4562298	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status D	esired()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	/, YVONNE 32ND STREET L 34476 US						
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	ffice or registered ag	ent, or both,	
SIGNATUR	RE: YVONNE						
	Electron	ic Signature of Registered Age	ent		Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	ot receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () MCELROY, MIC 7715 SW 82ND OCALA, FL 34	STREET	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () KRAMER, ROB 32 CEDAR STR OCALA, FL 340	EET DRIVE	Title: Name: Address: City-St-Zip:	VP (X) MCELROY, YVC 7715 SW 82ND OCALA, FL 344	STREET		
Title: Name: Address: City-St-Zip:	S () KEY, JIMMY R 32 CEDAR STR OCALA, FL 34		Title: Name: Address: City-St-Zip:	S (X) SINERSON, DAI 4720 SE 18TH / OCALA, FL 344	AVENUE		
Title: Name: Address:	( )	Delete	Title: Name: Address:	MGR () BURKHARDT, J 53415 NE 55TH			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address: City-St-Zip:

SILVER SPRINGS, FL 34488

SIGNATURE: MICHAEL J MCELROY Ρ 12/09/2009