PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JAN -3 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000068803

1. Corporation Name

MT & T ENTERPRISE INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4110 22ND AVE NE		4110 22ND AVE NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NAPLES, FL		NAPLES, FL	
Zip	Country	Zip	Country
34120	U.S.A.	34120	U.S.A.

REINSTATEMENT

12

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 1ST, 2011

5. FEI Number/ 45-2550148 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARLENI MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 4110 22ND AVE NE

Suite, Apt. #, Etc.:

City	State	Zip Code
NAPLES	FL	34120

800243283488
01/03/13--01010--014 **750.00

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 _____ Date 12-28-2012

REGISTERED AGENT MUST SIGN

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
P	MARLENI MARTINEZ	4110 22ND AVE NE	NAPLES FL 34120
			JAN 03 2013
			S. PRATHER

10. E-mail Address: marly1516@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12-28-2012 239-348-8706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone