

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 1:17

DOCUMENT # P93000059431

1. Corporation Name

MTC ENTERPRISE, INC.

Principal Place of Business

12791 150 CT.  
JUPITER FL 33478

Mailing Address

12791 150 CT.  
JUPITER FL 33478



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1993

5. FEI Number

65-0432380

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPS	CLOUGHERTY, MICHAEL T	12791 150 CT.	JUPITER FL 33478
P	CLOUGHERTY, DENISE C	12791 150 CT.	JUPITER FL 33478

100004668931--0  
-11/06/01--01052--007

\*\*\*550.00 \*\*\*550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLOUGHERTY, MICHAEL T  
12791 150 CT.  
JUPITER FL 33478

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Michael T. Clougherty*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/10/01

AD

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., 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 under section 119.07(3)(i), 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:

*Denise C. Clougherty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/10/01

954-931-4821

CR20040 (8/01)

**MTC ENTERPRISE, INC.  
12791 150<sup>TH</sup> COURT NORTH  
JUPITER, FLORIDA 33478  
954-931-4821**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 332314

Dear Sirs,

We are in receipt of your notice of Administrative Dissolution or Revocation of the above named corporation for failure to file a Uniform Business Report for the year 2001.

I have contacted your office at the electronic filing department and they have confirmed that our corporation attempted to submit electronic filing on July 3, 2001. In fact we attempted twice, but apparently neither attempt was successful.

Per instructions I received on this date I am resubmitting my application in hard copy with the original \$550.00 by enclosed check.

Thank you for your assistance with this most important matter. We will be a bit more diligent in the future with electronic filing.

Sincerely,



Michael T. Clougherty

MTC/dcc  
Encl.