

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB 10 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

M<sup>e</sup>-T-R, Inc  
P95000097724

900066586389  
02/24/06--01017--009 \*\*1350.00

**REINSTATEMENT**

98-06

CR27081 (12/05)

2. Principal Office Address

331 N. CARRY ST.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

331 N. CARRY ST.

Suite, Apt. #, etc.

N/A

City & State

QUINCY, FL

City & State

QUINCY, FL

Zip

32351

Country

USA

Zip

32351

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593358825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

B.J. TURNER

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

331 N. CARRY ST.

Suite, Apt. #, Etc.

N/A

City

QUINCY

State

FL

Zip Code

32351-1805

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

*[Signature]*

Date 9 FEB 2006

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	B.J. TURNER	331 N. CARRY ST.	QUINCY, FL 32351-1805

10. 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 contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 FEB 2006 (852) 477-9389

Date

Daytime Phone #

2/2

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

9 February 2006

Reference: Reinstatement of Corporation

Subject: Mc-T-R, Inc.

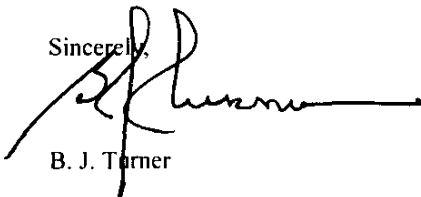
Dear Sir:

To the best of my knowledge I did not receive the annual report notice in the year of dissolution. <sup>1998</sup>

Due to this I request a waiver from the reinstatement fee.

Thanking you in advance, I remain.....

Sincerely,

A handwritten signature in black ink, appearing to read "B. J. Turner", with a long horizontal stroke extending to the right.

B. J. Turner