

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000015854**

1. Corporation Name
M.T.S. ENTERPRISES, INC.

Principal Place of Business Mailing Address
610 E ATLANTIC AVE **610 E ATLANTIC AVE**
DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483**



REINSTATEMENT *97*

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **02/19/1996**

5. FEI Number Applied For / Not Applicable
65-0649784 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, S	MELBA, THOMAS W	610 E ATLANTIC AVE	DELRAY BEACH FL 33483
D	MELBA, MIERA	900 E ATLANTIC AVE	DELRAY BEACH FL 33483
D, T	VINCENT, STEVE	3101 N FEDERAL HWY	FT LAUDERDALE FL 33306
			1 00002383991 -- 2 -12/29/97--01003--003 *****8.75 *****8.75
			1 00002383991 -- 2 -12/29/97--01003--004

*UPS
12-17-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MELBA, THOMAS W
610 E ATLANTIC AVE
DELRAY BEACH FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State **FL** Zip Code

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 *[Signature]*
RE-GISTERED AGENT MUST SIGN

Date **12/15/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *[Signature]* *Thomas W. Melba*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/15/97** Daytime Phone # **561 276 3770**

CP2ED40 (8/97)