

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000051991

Entity Name: MT OF SARASOTA, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1264 N PALM AVE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1264 N PALM AVE  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-0789041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKALITZKY, ROBERT  
1264 N PALM AVE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT SKALITZKY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SKALITZKY, ROBERT  
Address: 1212 BEN FRANKLIN DR. PH-01  
City-St-Zip: SARASOTA, FL 34236

Title: VPTD  
Name: SHUMACHER, BERNARD  
Address: ROBERT KOCH STRASSE 24  
City-St-Zip: 82031 GRUENWALD, GERMANY,

Title: S  
Name: GALLAGHER, HELEN  
Address: 4001 BENEVA RD. #351  
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SKALITZKY

Electronic Signature of Signing Officer or Director

PRES

04/28/2011

Date