PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS | FILED
01 APR 30 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # P98000027119

1. Corporation Name

M.T.M.L., Inc.

2. Principal Office Address

6779 W. INDIANTOWN RD

Suite, Apt. #, etc.

STE. 17

City & State

JUPITER, FL

Zip	Country
33458	US

3. Mailing Office Address

PO BOX 1347

~~CHARLES TOWN, WV 25414~~

Suite, Apt. #, etc.

City & State

CHARLES TOWN, WV

Zip	Country
25414	US

4. Date Incorporated or Qualified To Do Business in Florida 5/18/98

5. FEI Number		Applied For
65-0699838		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

WILLIAM E. FORD III

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

~~Box 38~~ 6779 W. INDIANTOWN RD

Suite, Apt. #, Etc.

STE. 17

City

JUPITER

State	Zip Code
FL	33458

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****900.00 ****900.00

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 William E. Ford III

REGISTERED AGENT MUST SIGN

Date 4/15/01

CR2E081 (9/00)

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
PRES/D	WILLIAM E. FORD III	6779 W. INDIANTOWN RD	JUPITER, FL 33458
V-P/D	WILLIAM E. FORD	2623 RACEVIEW DR.	ONA, WV 25545
		REINSTATEMENT 00-01 78	

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 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: William E. Ford III   WILLIAM E. FORD IV   4/15/01   304-724-12 53

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