


UNIFORM BUSINESS REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FOR PROFIT CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 798000094507 1. Corporation Name MTK ENTERPRISES, INC.			
2. Principal Office Address RD 1860 OLD OKEECHOBEE Suite, Apt. #, etc. Suite 203 City & State WPB, FL Zip 33409		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Country Palm Bch	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

4. Date Incorporated or Qualified To Do Business in Florida 11-06-98	
5. FEI Number 65-0876249	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name JUDITH ANN CLARY Street Address (P.O. Box Number is Not Acceptable) 1860 OLD OKEECHOBEE Rd. Suite, Apt. #, Etc. Suite 203 City WEST Palm BEACH State FL Zip Code 33409	
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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 REGISTERED AGENT MUST SIGN Date 4/22/02	
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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
PSD	JUDITH ANN CLARY	SAME AS CORP.	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUDITH ANN CLARY	Date 4/22/02 Daytime Phone # 561-686-8684

5/7/02