


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 AM 10:46

DOCUMENT # P98000102667

1. Corporation Name

MTN COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

4575 SW 68TH COURT CIRCLE #5
MIAMI FL 33155

4575 SW 68TH COURT CIRCLE #5
MIAMI FL 33155



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

2. New Principal Office Address, If Applicable
2625 COLLINS AVE.

3. New Mailing Office Address, If Applicable
2625 COLLINS AVE.

Suite, Apt. #, etc.
APT 607

Suite, Apt. #, etc.
APT 607

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33140-4749

Country
MIAMI-DADE

Zip
33140-4749

Country
MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1998

5. FEI Number

65-0885071

Applied For

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	4. City / State / Zip
PSD	NAVARRO, MARIA T LLORENTE, MARIA T	4575 SW 68TH COURT CIRCLE #5 2625 COLLINS AVE #607	MIAMI FL 33155 MIAMI BEACH, FL 33140
			600004736366--2 -12/24/01--01003--027 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAVARRO, MARIA T
4575 SW 68TH COURT CIRCLE #5
MIAMI FL 33155

Name
LLORENTE, MARIA T
Street Address (P.O. Box Number is Not Acceptable)
2625 COLLINS AVE #607
Suite, Apt. #, Etc.
City
MIAMI BEACH
State
FL
Zip Code
33140-4749

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/01

CR2E040 (8/01)

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November 2, 2001

Division of Corporation
Annual Report
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please find enclosed my annual report with a check for \$ 150.00.

The reason I did not file this report by the May 1, 2001 deadline is because I had moved and it was sent to the old address.

I respectfully request that you waive the \$ 600.00 reinstatement fee since I never received the report.

Very truly yours,



Maria T. Llorente
President