

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

page 1 of 1

FILED

01 APR 30 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107926

1. Corporation Name

P.M.T. PROCESSING, INC.

Principal Place of Business

Mailing Address

12515 N. KENDALL DR., SUITE 221
MIAMI FL 33186

12515 N. KENDALL DR., SUITE 221
MIAMI FL 33186



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0879029

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERNANDEZ, ROBERT	12515 N. KENDALL DR., SUITE 221	MIAMI FL 33186

200004334312--6
-05/30/01--01052--019
*****300.00 *****300.00

00-01 UBRN 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, ROBERT
12515 N. KENDALL DR., SUITE 221
MIAMI FL 33186

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

REGISTERED AGENT MUST SIGN

Date

4/26/01

11. I certify that I am an officer or director of 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 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

4/26/01

305-595-1991
Daytime Phone #

CR2E040 (8/00)

Page 2 of 2

P.M.T. PROCESSING, INC.
12515 N.Kendall Drive, Suite 221
Miami, FL 33186

April 26, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

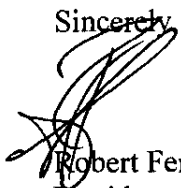
Dear Sirs:

My office manager has brought to my attention that the corporate status of my company, P.M.T. Processing, Inc., appears as administratively dissolved since September 22, 2000. According to our records, my office manager thought we had paid and sent in the 2000 Annual Report at the beginning of the year. We had problems with the mail in our building throughout the first half of 2000, in which our mail was consistently put in the mailbox of other companies. Sometimes mail would be forwarded, and get to us late. Sometimes, not at all. The problem was resolved when the mail carrier was changed last summer.

To compound the errors, my staff filed the only notice we did get with the rest of our corporate papers, which was your Notice of Administrative Dissolution or Revocation. My office manager just came across it and we now wish to put everything back in order. I'm enclosing a check for \$300.00 to cover the \$150.00 fee for 2000 and the current fee of \$150.00 to bring us up to date. I would appreciate a one time waiver of your \$600.00 Reinstatement Fee, in consideration of our problems with the mail last year.

If you have any questions, please feel free to call me at 305-595-1991.

Sincerely,



Robert Fernandez
President