PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P99000022142 1. Corporation Name MLT Multiple Services, Inc. W1-8370			10 FEB 25 PM 4: 52 10 FEB 25 PM 4: 52 ALL AHASSEE. FLORIDA 700169566287 02/25/10-01037-015 **300.00			
2. Principal Office Address - No P.O. Box # 7601 Fast TReasure Dr. Suite) Apr. #, etc.	East TReasure DR. Same			700169566287 02/18/1001015012 **150.00 cr2E081 (11/09)		
15/1	Same		Date Incorporated or Qualified To Do Business in Florida			
North Bay Village, FL	Gity & State SQME		5. FEI Numbe	91/8/8	Applied For	
23141-4365 USA	same	Country USA	6.	OF STATUS DESIDED T	75 Additional Fee required or a Certificate of Status	
7. Name and Address of Gurrent Registered Agent						
Name Reinaldo Truillo Ja Street Address (P.O. Box Number is Not Acceptable) 263 NE 86th Street Suite, Apt. #, Etc.				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
City /~ / T) State Zip Code			received and requesting the reinstatement fee be waived.			
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 Part Part Part Part Part Part Part Par						
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Star	te / Zip	
PD Mary Lou Truji	7601 East Trees			100.049 VI 143,123171		
VV Reinaldo /Ruji/	Reinaldo / Rujillo #				190, FL 33/41	
MILLIGAN EXAMINER DETER TOTAL TERROR ATTENTION						
REINSTATEMENT						
MAR - 2 2010				Ø	70	
No.						
10. E-mail Address: m/tf@bellsouthonet (To be used for future annual report notification)						
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 filling 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 owned by the corporation have been paid. I further certify, 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 BYONING OFFICER OR DIRECTOR Date D						