APPLICATION FOR



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000038074

1. Corporation Name

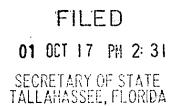
NMT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1950 DELLE AVE 4 100

1000 DELLE 1115 II 100





WINTER SPRINGS FL 32708				1250 BELLE AVE # 109 WINTER SPRINGS FL 32708							
				ough incorrect in	nformation a	and enter	correction below.				
					ing Office Address, If Applicable			4. Date ince To Do Bu	Date Incorporated or Qualified To Do Business in Florida 04/23/1999		
Suite, Apt. #, etc. Suite, Apt. #					, etc.			5. FEI Num	5. FEI Number		
City & State City & Sta											
Zip Country Zip									CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad			or Director (Flo	rida nonpro	fit corpora	ations must list at	least 3 directors)		`	
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
CEO-	TILIAKUS, NICHOLAS M				1250 BELLE AVENUE # 109			-	WINTER SPRINGS FL 32708		
CEO	TILLA	HKOS,	Nich	tocas m	1250 i	3elle	Avenue #	F109	WINTER SPRIN	32708	
; ;}										,	
·								r c	000465927 -10/30/010109 *****150.00 *	773 5018	
,									*****130.00 *	***120.00	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
70.141/			•				Name				
TILIAKOS, NICHOLAS 1250 BELLE AVENUE #109							Street Address (P.O. Box Number is Not Acceptable)				
WINTER SPRINGS FL 32708							Suite, Apt. #, Etc.				
							City State Zip Code				
10. I, being	appointed the	registered ag	ent of the abov	e named corpo	ration, am fa	amiliar wi	th and accept the	obligations of Se	ction 607.050 5 ; F.S.		
Signature of Registered	Agent	h	√ N E	GISTERED AGI	ENT MUST	SIGN	111 ob 3 52		Date	ر د	
this reins	statement app	lication, the rea	son for dissol	ution has been	eliminated, 1	the corpo	rate name satisfic	s the requiremen	hapter 607 or 617, F.S. I further cer its of section 607.0401 or 617.0401 inder section 119.07(3)(i), F.S. The	F.S. that all fees	

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

PAGERAR

Wednesday, October 10, 2001

To whom it may concern,

I have just received this certificate of administrative dissolution or recovocation. My business has been incorporated now for 2 1/2 years and have always paid my taxes and fees on time. I have spent much of the time outside of the country these past 6 months and apologize for being unable to keep up with some of my administrative responsibilities.

I do not recall however receiving your office's previous mailings and to be honest, I did not receive the forms for last years report until shortly before the deadline.

Be that as it may, I humbly request the state reinstate my corporation and accept my \$150 remittance.

Sincerely,

Nicholas M. Tiliakos

CEO

NMT Enterprises