

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # P99000038074

1. Corporation Name

NMT ENTERPRISES, INC.

Principal Place of Business

1250 BELLE AVE # 109
WINTER SPRINGS FL 32708

Mailing Address

1250 BELLE AVE # 109
WINTER SPRINGS FL 32708

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1999

5. FEI Number

59-3572780

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	TILIAKOS, NICHOLAS M	1250 BELLE AVENUE # 109	WINTER SPRINGS FL 32708
CEO	TILIAKOS, NICHOLAS M	1250 Belle Avenue #109	WINTER SPRINGS FL 32708

8. Name and Address of Current Registered Agent

TILIAKOS, NICHOLAS
1250 BELLE AVENUE #109
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0509, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-10-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-01

407-699-4747

CR2E040 (8/01)

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Wednesday, October 10, 2001

To whom it may concern,

I have just received this certificate of administrative dissolution or revocation. 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