

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

98 MAR 30 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 98500004497  
1. Corporation Name  
The Mattex Conveying Components Corporation

Principal Place of Business  
3916 GUSTON HALL CT  
PLANO, TX 75025  
Mailing Address  
SAME

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number <u>75-2587017</u>	
City & State		City & State		Aspired For Not Applicable	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Additional Fee required for a Certificate of Status</small>	

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 Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DCP	MATHIS, Carl A.	3916 GUSTON HALL <del>PLANO</del>	PLANO, TX 75025
V	LIVONIUS, Jeffery M.	3916 GUSTON HALL	PLANO, TX 75025
ST	MATHIS, Leldon, He	3223 Turkey Rd.	GLADEWATER, TX 75647

REINSTATEMENT 97-98  
A. Alan  
3/30/98

6. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
<u>Corporate Access, Inc.</u> <u>1116-D Thomasville Rd.</u> <u>Talla., FL 32303</u>		Name <u>300002475533--</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>04701798-01075-015</u> <u>****758.75 ****758.75</u>	
		Suite, Apt. #, Etc. <u>300002475533--8</u>	
		City <u>04701798-01075-016</u> <u>****150.00 ****150.00</u>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0203, F.S.  
Signature of Registered Agent Day Bennett Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 form do not qualify for an exemption under section 119.07(1)(a), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Carla Mathis Carl A. Mathis 3-26-98 922-491-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE