

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 APR 17 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000060271

**1. Corporation Name**

SIR MATRIX PROPERTIES, INC.

**2. Principal Office Address**

2900 N.W. 7th Street

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**Zip**

33125

**Country**

U.S.

**3. Mailing Office Address**

2900 N.W. 7th Street

Suite, Apt. #, etc.

**City & State**

Miami, Florida

**Zip**

33125

**Country**

U.S.

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/21/00

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$375-Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Michael S. Cease

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

2900 N.W. 7th Street

Suite, Apt. #, Etc.

**City**

Miami, FL

**State**

FL

**Zip Code**

33125

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/15/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Hilda M. Bacardi	15301 S.W. 248 Street	Miami, FL 33031
-D-	Marlene Carbonell	15301 S.W. 248 Street	Miami, FL 33031

**10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILDA M. BACARDI

Date

4/15/03

Daytime Phone #

1305/642-5231

CR2E081 (10/02)

Charter Number Only

VALIDATION ONLY

04/16/03

Michael S. Cease

Requestor's Name

2900 NW 7 St.

Address

Miami, FL 33125

City

State

ZIP

Phone

(305) 642-5231

CORPORATION(S) NAME

Sir Matrix Properties, Inc.

RECEIVED  
03 APR 17 AM 11:14  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                |  |   |
| <input type="checkbox"/> Foreign                  | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028