

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

PO0000102404

1. Corporation Name

MATRIX Transportation Inc.

2. Principal Office Address

2478 Centergate DR.

Suite, Apt. #, etc.

#101

City & State

MIRAMAR, FL.

Zip

33025

Country

BROWARD

3. Mailing Office Address

2478 Centergate DR.

Suite, Apt. #, etc.

#101

City & State

MIRAMAR, FL.

Zip

33025

Country

BROWARD

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

5. FEI Number

65-1058324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dwain Wright

900025769749

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

2478 Centergate DR.

12/26/03--01019--001 **1050.0

Suite, Apt. #, Etc.

#101

City

MIRAMAR

State

FL

Zip Code

33025

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

Dwain Wright

REGISTERED AGENT MUST SIGN

Date 12/22/03

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
P	Dwain Wright	2478 Centergate DR. #101	MIRAMAR, FL. 33025
V	David Miller	3128 N.W. 65 St.	MIAMI, FL. 33147
T	Tawanna Wright	2478 Centergate DR. #101	MIRAMAR, FL. 33025

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:

Dwain Wright
Dwain Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03

Date

(305) 613-6604

Daytime Phone #