

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2017 NOV -3 AM 10:00

SECRETARY OF STATE  
FILING MANAGER

CR2E041 (1/14)

**COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14000033182

1. Limited Liability Company's Name  
**MATTHEWS REALTY ASSOC.**  
**6233 MERCER CIR.W. INA**  
**JAX FL 32217 DOC. 140000**

2. Principal Office Address - No P.O. Box # <b>6233 MERCER CIR.W. SAME</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JAX FL</b>		City & State <b>FL</b>	
Zip <b>32217</b>	Country <b>DUVAL</b>	Zip	Country

4. State/Country of Formation <b>FLA-DUVAL-110340601</b>
5. Date Organized or Qualified To Do Business in Florida <b>03/27/12</b>
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name  
**JO ANN MATTHEWS**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**6233 MERCER CIR.W.**

Apt. #, Etc.

City  
**JAX**

State  
**FL**

Zip Code  
**32217**

80030538848  
11/03/17--01025--014 \*\*150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  
**Jo Ann Matthews - Broker** Date **10/30/2017**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<b>P</b>	<b>JOANN MATTHEWS</b>	<b>6253 Mercer Cir W</b>	<b>JAX FL 32217</b>

**REINSTATEMENT**

**NOV 03 2017**

**R. HUNT**

11. E-mail Address  
**JOANN.MATTHEWS@ATT.NET**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  
**Jo Ann Matthews** Date **10/30/17** Daytime Phone # **904-614-3865**

Typed or printed name of signing authorized representative/member