

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 OCT 31 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000083762

1. Corporation Name

CHARLIE MATTHEWS & COMPANY, INC.

Principal Place of Business

Mailing Address

4904 EISENHOWER BLVD.
#101
TAMPA FL 33634
US

4904 EISENHOWER BLVD.
#101
TAMPA FL 33634
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97ao

2. New Principal Office Address, If Applicable
~~3314 Henderson Blvd~~
Suite, Apt. #, etc. #100

3. New Mailing Office Address, If Applicable
~~3314 Henderson Blvd~~
Suite, Apt. #, etc. #100

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1993

City & State Tampa, FL

City & State Tampa, FL

5. FEI Number

59-3216014

Applied For

Not Applicable

Zip 33609 Country US

Zip 33609 Country U.S.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MATTHEWS, CHARLES P	3007 SAN CARLOS ST	TAMPA FL

800002336798---2
-11/03/97-01143-015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHECHT, NEIL S
4830 W. KENNEDY BLVD.
#280
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for Information on Intangible tax.)

12. 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)(l), 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: Charles Matthews 10/29/97 813/879-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)