

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000043572

FILED  
Oct 06, 2005  
Secretary of State

Entity Name: MATTHEW ANDERSON AND ASSOCIATES, INC.

## Current Principal Place of Business:

398 W CAMINO  
GARDENS BLVD #209  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

398 W CAMINO  
GARDENS BLVD #209  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 65-0670137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, JOLYNN  
398 W CAMINO  
GARDENS BLVD., #209  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOLYNN ANDERSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, MATTHEW  
Address: 398 W CAMINO, GARDENS BLVD., #209  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: ANDERSON, JOLYNN  
Address: 398 W CAMINO, GARDENS BLVD., #209  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ANDERSON, MATTHEW DR.  
Address: 398 W CAMINO, GARDENS BLVD., #209  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW ANDERSON

PRES

10/06/2005

Electronic Signature of Signing Officer or Director

Date