

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000102454**

1. Corporation Name

SELECT MATCH SYSTEMS, INC.

FILED
 01 JAN 29 AM 11:01
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4519 BEACH BLVD
 JACKSONVILLE FL 32207

4519 BEACH BLVD
 JACKSONVILLE FL 32207



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

REINSTATEMENT *2000*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

~~59-364-516-9~~
APPLIED FOR

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DP	COLEMAN, WILLIAM H	4519 BEACH BLVD	JACKSONVILLE FL 32207
DV	COLEMAN, IRMA	4519 BEACH BLVD	JACKSONVILLE FL 32207
DST	COLEMAN, AMY	4519 BEACH BLVD	JACKSONVILLE FL 32207
			38883655503-2 -02/07/01--01021--001 ****600.00 ****600.00
			3/27/00 9014035 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, WILLIAM H
 4519 BEACH BLVD
 JACKSONVILLE FL 32207

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 *William Coleman* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 11/17/00

11. 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.

KE

SIGNATURE: *William Coleman* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/00 Daytime Phone # 904-398-6777

CR2E040 (8/00)