


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Hall
Secretary
DIVISION OF CORPORATIONS

FILED
01 NOV -5 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000102454**

1. Corporation Name
SELECT MATCH SYSTEMS, INC.

Principal Place of Business 4519 BEACH BLVD JACKSONVILLE FL 32207	Mailing Address 4519 BEACH BLVD JACKSONVILLE FL 32207
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/07/1998		
5. FEI Number 59-3645169	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
			800004699238--6 -11/30/01-01010-015 ****150.00 ****150.00 SP

8. Name and Address of Current Registered Agent

**COLEMAN, WILLIAM H
4519 BEACH BLVD
JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent

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 H Coleman* Date 1 NOVEMBER 2001
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: *William H Coleman* President Date Nov. 1, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

CR2040 (8/01)



Pre-Scheduled Appointments System

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Memorandum

To: Division Of Corporations
Annual Report/Reinstatement Division
State Of Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314-6327

From: William H. Coleman
Chairman
Select Match Systems, Inc.
4519 Beach Boulevard
Jacksonville, Florida 32207

Re: Document Number: P98000102454

Date: 1 November 2001

Please consider this request to-reinstate our Corporation.

We never received the Annual Report Renewal Request, nor the second reminder sent in June that you mention in your documents.

A check for \$150 normal filing fee is enclosed, as directed by a staff member in your office when I called asking for assistance.

Thank you for your cooperation.

Personal Regards.