

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47276**

1. Corporation Name

MATCH THE DEALER, INC.

2. Principal Office Address

1980 N. ATLANTIC AVE

Suite, Apt. #, etc.

308

City & State

COCOA BEACH, FL

Zip

32931

Country

USA

3. Mailing Office Address

P.O. Box 321355

Suite, Apt. #, etc.

-

City & State

COCOA BEACH, FL

Zip

32932-1355

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1991

5. FEI Number

59-3063602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300005500713--9

-05/09/02--01055--021

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

ANTONIO LAURETTA

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

#308, 1980 N. ATLANTIC AVE

Suite, Apt. #, Etc.

308

City

COCOA BEACH

State

FL

Zip Code

32931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Antonio Laurretta

REGISTERED AGENT MUST SIGN

Date **4-30-2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ANTONIO LAURETTA	#308 1980 N. ATLANTIC AVE	COCOA BEACH, FL 32931
VPD	ROBERT W. KELLY	1760 E. CENTRAL AVE	MERRITT ISLAND, FL 32952
VPD	KENT G. EVANS	117 W. OSCEOLA LANE	COCOA BEACH, FL 32931
STD	JAMES W. FERGUSON	#814 3400 OCEAN BEACH BLVD	COCOA BEACH, FL 32931

10. 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:

Antonio Laurretta

ANTONIO LAURETTA

04-30-2002 3217990873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

ps 5/8/02

DALCO, Inc.
P.O. Box 321355, Cocoa Beach, FL 32932-1355

April 30, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #G52824

To Whom It May Concern:

Please be advised that we relocated and did not receive our Corporate filing package in 2001 and 2002.

I was advised by phone from your Reinstatement Dept. that a check for \$300.00 was necessary to complete the reinstatement.

Check for \$300.00 and the Reinstatement form are enclosed.

Sincerely,


Antonio Laurretta
Registered Agent/President