

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

DOCUMENT # 588395

1. Entity Name
MAT LEN, INC.



Principal Place of Business
4211 YONGE STREET
230
TORONTO ONTARIO CANADA, M2P -2A9

Mailing Address
4211 YONGE STREET
230
TORONTO ONTARIO CANADA, M2P -2A9

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12152004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-1959520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONCHICK, MICHAEL J.
STE A 1803 S AUSTRALIAN AVE
WEST PALM BEACH, FL 33409

Name SAME NAME

NEW ADDRESS 123 VIZCAYA ESTATES DRIVE

City PALM BEACH GARDENS FL Zip Code 33418

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-15-2004

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ALLEN, MAC
4211 YONGE STREET
TORONTO ONTARIO CANADA, M2P 2A9

TITLE
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12/20/04--01070--013 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAC ALLEN, PRES.

Date

Daytime Phone #

12/15/04

02

416-222-7184
561-683-4315