

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 22, 2002 8:00 A.M.
Secretary of State

DOCUMENT # 701607

1. Corporation Name
SOCIETE DE MATRE D'INC.

000006707860--0
-07/26/02--01055--002
****192.50 ****192.50

2. Principal Office Address
2440 NE 51ST ST.

3. Mailing Office Address
PO BOX 7501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip **33308** Country **USA**

Zip **33338** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0030256

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LARRY Maturi

Street Address (P.O. Box Number is Not Acceptable)
2440 NE 51ST ST.

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33308

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
[Signature]

Date
6/10/02

REGISTERED AGENT MUST SIGN

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
P/D	LARRY Maturi	2440 NE 51ST ST.	FT. LAUDERDALE, FL 33308
D	SANTINO CASCIO	9393 LAUREL GREEN DR	BOYNTON BEACH, FL 33437
T/D	WENDY MOCHEL	1215 SW 19TH ST.	FT. LAUDERDALE, FL 33315

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: *[Signature]* **WENDY MOCHEL** 6/10/02 954-484-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)