

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 13 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002542

1. Corporation Name

MATIS INTERNATIONAL IMPORT CORP.

REINSTATEMENT 02-03

2. Principal Office Address

8302 Tivoli Dr.

3. Mailing Office Address

8302 Tivoli Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fl.

City & State

Orlando Fl.

Zip

32836

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/10/2001

5. FEI Number

760648988

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

Eduardo Nunez

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

2304 Silver Palm Dr.

Suite, Apt. #, Etc.

102

City

Kissimme

State

FL

Zip Code

34747

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

Date 09/09/03

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
--D--	Eduardo Nunez	2304 Silver Palm Dr. 34747	Kissimmee Fl

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:

Eduardo Nunez

09/09/03

4079963680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)