

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000004161

1. Corporation Name

Matrix Medical Consulting, INC.

2. Principal Office Address - No P.O. Box #

213 Heron Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

213 Heron Ave.

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples

Zip

34108

Country

USA

Zip

34108

Country

USA

7. Name and Address of Current Registered Agent

Name

William R. Knab

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

213 Heron Ave

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date 03/11/2010

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
Principal	William R. Knab	213 Heron Ave.	Naples, FL 34108

cc 5/14

10. E-mail Address: wrknab@gmail.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2010

Date

239-287-2655

Daytime Phone #

FILED

10 MAY 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100180842841
05/13/10--01029--007 **450.00

REINSTATEMENT 08-10

CR2E061 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 02/01/2006

5. FEI Number

03-0401200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.