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CSC NETWORK/PH

002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005893

1. Corporation Name

MATRIX CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

666 FIFTH AVENUE 14TH FL  
NEW YORK, NY 10103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/29/1994

5. FEI Number

11 319 22 53

Applied For

Not Applicable

6.

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	PETER N. MARRON	666 5TH AVE	NEW YORK, NY 10103
DIRECTOR	THOMAS SARKANY	666 5TH AVE	NEW YORK, NY 10103
SENIOR V.P.	CHRISTOPHER ANCI	666 5TH AVE	NEW YORK, NY 10103

400002697394--7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered AgentAS AGENT  
REGISTERED AGENT MUST SIGN

Date

11-30-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.Yes ☐No ☒(See other side for information  
on intangible tax.)

12. 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:

Christopher Anci 11/18/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-682-3290



ACCOUNT NO. : 072100000032

REFERENCE : 044154 5014118

AUTHORIZATION :

COST LIMIT : \$ 900.00

*Patricia P. [Signature]*

ORDER DATE : November 25, 1998

ORDER TIME : 10:27 AM

ORDER NO. : 044154-005

CUSTOMER NO: 5014118

CUSTOMER: Mr. Chris Anci  
Matrix Capital Group, Inc  
666 Fifth Avenue, 14th Floor

New York, NY 10103

ANNUAL REPORT FILING

NAME: MATRIX CAPITAL GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ROBERT MAXWELL

EXAMINER'S INITIALS:

RECEIVED  
98 NOV 30 PM 12:13  
DIVISION OF CORPORATION  
*B 11/30/98*