

000013

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

FILED
00 JAN -4 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
MATRIX CAPITAL GROUP, INC.

Mailing Address
405 LEXINGTON AVE
SUITE 4100
NEW YORK NY 10174-0002
US

REINSTATEMENT

Applied For
Not Applicable

~~5. Certificate of Status Desired~~ ☒

6. Election Campaign Financing

Country USA

8. This corporation owes the current year
Intangible Personal Property.

10. Name and Address of New Registered Agent

81.	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
----	------

FL

85	Zip Code
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SIGNATURE Emelia H. Simpson, AUTHORIZED REPRESENTATIVE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

☐ Change ☐ Addition
600003099606--4
-01/14/00--01034--017
*******758.75 *****758.75**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ANCI, CHRISTOPHER ☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

KE

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ORIGINAL FILED

10/26/99 (212) 652-3290

CR2E034 (5/99)