

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 AM 9:33

DOCUMENT # F94000001047

1. Corporation Name

MATRICES, INC

REINSTATEMENT

98-00

2. Principal Office Address

2437 Bay Area Blvd

Suite, Apt. #, etc.

#337

City & State

HOUSTON, TEXAS

Zip

77058

Country

USA

3. Mailing Office Address

2437 Bay Area Blvd.

Suite, Apt. #, etc.

#337

City & State

HOUSTON, TEXAS

Zip

77058

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/1994

5. FEI Number

76-0424360

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

GARY L. PETERS

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

805 CORTE DEL SOL

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

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]

REGISTERED AGENT MUST SIGN

Date **5/19/00**

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
PRES.	GARY L. PETERS	805 CORTE DEL SOL	MARATHON, FL. 33050
SEC.	LINDA S. PETERS	805 CORTE DEL SOL	MARATHON, FL 33050

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **GARY L. PETERS**

Date

5/19/00 786-412-3984

Daytime Phone #