

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 19 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004278**

1. Corporation Name
MATFLEX INC.

Principal Place of Business
**2466 GLENDA LANE
DALLAS TX 75229-4511**

Mailing Address
**2466 GLENDA LANE
DALLAS TX 75229-4511**



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

2. New Principal Office Address, If Applicable

~~8600 W. ROYAL LN.~~
~~STE 100B~~
~~IRVING, TX~~

3. New Mailing Office Address, If Applicable

~~8600 W. ROYAL LN.~~
~~STE 100B~~
~~IRVING, TX~~

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1996

5. FEI Number

75-2663560

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
P	METROS, PETE J	507 PLYMOUTH AVE, NE	GRAND RAPIDS MI
V	MCMICKLE, BRUCE	2466 GLENDA LANE	DALLAS TX
VST	MARCHIDO, WILLIAM F	507 PLYMOUTH AVE, NE	GRAND RAPIDS MI
AS	BROWN, LAURENCE A	507 PLYMOUTH AVE, NE	GRAND RAPIDS MI
D	MEHTA, IRENE	450 PARK AVENUE 24TH FL	NEW YORK NY

REINSTATEMENT

97-98
5-20-98

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **3988802531783-2**
City **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 Agent

MICHAEL E. JONES
THE REGISTERED AGENT MUST SIGN
ASSISTANT SECRETARY

Date

5/14/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)