

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000002002**

1. Corporation Name

MATHIAS CORPORATION

Principal Place of Business

Mailing Address

2805 PEACHTREE IND BLVD
112
DULUTH GA 30097

2805 PEACHTREE IND BLVD
112
DULUTH GA 30097

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1999

5. FEI Number

58-2203326

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	4 City / State / Zip
PS	HEYDINGER, DAVID K	2805 PEACHTREE IND BLVD STE 112	DULUTH GA 30097
V	TYNDALL, J. P	2805 PEACHTREE IND BLVD STE 112	DULUTH GA 30097
			000004697930--8 -11/29/01--01035--002 ****750.00 ****750.00
			<i>RW 11/27</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

N.R.A.I. SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Janita Mahoney, Asst Sec
REGISTERED AGENT MUST SIGN

Date 10-29-2001

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/07 770-476 8100
Date Daytime Phone #

FILED
01 NOV -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT OL

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