

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY -7 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002002

1. Corporation Name

Mathias Corporation

2. Principal Office Address - No P.O. Box #

3150 Main St.

Suite, Apt. #, etc.

Suite # 200

City & State

Duluth GA

Zip

30096

Country

United States

3. Mailing Office Address

3150 Main St.

Suite, Apt. #, etc.

Suite # 200

City & State

Duluth, GA

Zip

30096

Country

United States

**REINSTATEMENT**

05-09

4. Date Incorporated or Qualified To Do Business in Florida

7/16/1999

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. Name and Address of Current Registered Agent

Name

National Registered Agents, Inc.

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

P.O. # 2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Peter F. Souza

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

4/13/09

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.	David K. Heydinger	2932 Paddock Trail	Duluth, GA 30096
VP	Patrick Tyndall	3245 Paddle Wheel Ct.	Suwanee, GA 30024
Partner	marik Sutter	1399 Meadowsprings Dr.	Lilburn, GA 30047

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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 contained in Chapter 119, 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

4-7-09

Date

770 476-8100

Daytime Phone #

5/12/09