

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  
96 MAR 19 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 71817 (7)  
1. Corporation Name MATIZ CORP.  
6874 S.W. 114th Unit B  
Miami FL 33173

Principal Place of Business Mailing Address  
Same as above

400002467334--1  
-03/24/98--01107--023  
\*\*\*1508.75 \*\*\*1508.75

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/05/1987

5. FEI Number 650076791  
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)

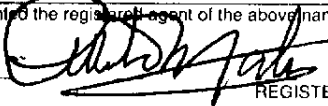
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	P/O Matiz Alberto E 6874 S.W. 114th #B Miami		
	S/P Matiz Alvaro 6874 S.W. 114th #B Miami		
	D/P Matiz Ana Maria 6874 S.W. 114th #B		

**REINSTATEMENT** 93-98  
SC 3-20-98

8. Name and Address of Current Registered Agent  
Matiz Sr., Alberto  
6874 S.W. 114th Unit B  
Miami FL 33173

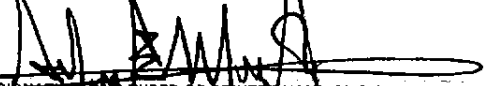
9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State FL Zip Code

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  REGISTERED AGENT MUST SIGN Date 3/17-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 P/O ALBERTO E MATIZ SR.  
Date 3-17-98 Daytime Phone # 305 2741946

CR2E040 (12/96)