

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K78165**

1. Corporation Name

matkim Industries, Inc.

2. Principal Office Address

3001 Northwest Blvd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/89

5. FEI Number

65-0115624

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

Harris shenker

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

4301 sanctuary lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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]

Date **6-1-00**

REGISTERED AGENT MUST SIGN

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
P.D	matthew shenker	89 Elgin Road	POCASSET, MA
P.D	George Isaac	1401 walnut street	BOULDER, CO
S.D	Charles Buttman	3001 Northwest Blvd	Ft. Lauderdale, FL
D	Harris shenker	4301 sanctuary lane	Boca Raton, FL
D	Lee majors	3001 Northwest Blvd	Ft Lauderdale FL
D	Russell bent	3001 Northwest Blvd	Ft Lauderdale, FL

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] Matthew Shenker

Date

6/1/00

Daytime Phone #

KE

CR2E081 (9/99)