

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 14 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1290714**

1. Corporation Name **MATRIX Associates, INC.**
303 SO. SWEETWATER BLVD,
LONGWOOD, FL 32779-3419

2. Principal Office Address

303 So. Sweetwater Blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

FL

Zip

32779-3419

Country

Sevante

Zip

Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/89

5. FEI Number

59-2950459

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

JAMES D. ANDERSON

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

303 So. Sweetwater Blvd,

Suite, Apt. #, Etc.

500003384815

-03/07/00--01013--046

*****1058.75 ***1058.75**

City

Longwood

State

FL

Zip Code

32779-3419

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

James D. Anderson

REGISTERED AGENT MUST SIGN

Date **8-3-00**

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/S	JAMES D. ANDERSON	303 So. Sweetwater Blvd Longwood FL 32779	Longwood, FL 32779
S	NANCY R. ANDERSON	---	---

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.

James D. Anderson

SIGNATURE: **JAMES D. ANDERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-00

Date

(407) 862-1120

Daytime Phone #