

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016134

1. Corporation Name
Matthews Properties, LLC

2. Principal Office Address
310 Anthony Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Orange, FL

City & State

Zip 32127 Country USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/20/00

5. FEI Number
59-3688986

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

300004717659--0
-12/10/01--01119--019
****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name Daniel S. Fricbis

Street Address (P.O. Box Number is Not Acceptable)
3890 Turtle Creek Drive

Suite, Apt. #, Etc.
Suite B-1

City
Port Orange

State FL Zip Code 32127

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]
REGISTERED AGENT MUST SIGN

Date 10-30-01

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
MGRM	D. Gale Matthews	310 Anthony Drive	Port Orange, FL 32127

REINSTATEMENT of [Signature]

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)(k), 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

Date 11/14/01

Daytime Phone #

CR2E081 (8/00)