

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L54961**

1. Corporation Name

MATRIX STRATEGIC PLANNING GROUP, INC.

Principal Place of Business

5244 N BAY RD
MIAMI BCH FL 33140

Mailing Address

5244 N BAY RD
MIAMI BCH FL 33140

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

02/26/1990

5. FEI Number

65-0030701

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	POSTREL, RICHARD	5244 N BAY ROAD	MIAMI BEACH FL
DST	POSTREL, FLORENCE	5244 N BAY ROAD	MIAMI BCH FL
			100004912031--3 -02/12/02--01062--016 ****388.00 ****388.00
			REINSTATEMENT 01-02-03

8. Name and Address of Current Registered Agent

MILICH, LEE
100 W CYPRESS CREEK RD
SUITE 935 TRADE CENTRE S
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name RICHARD POSTREL
Street Address (P.O. Box Number is Not Acceptable)
5244 N. BAY Rd.
Suite, Apt. #, Etc. NA
City MIAMI BEACH State FL Zip Code 33140

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Dec 23/2001

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/01 305.865.7000

CR2E040 (8/01)