

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L65872

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L65872

1. Corporation Name

THE MATZEL ORGANIZATION, INC.

10/9/92

96 DEC 24 AM 11:21

Mailing Address
21 Brandywine Lane
Colts Neck, NJ 07722

Principal Place of Business

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3036560

Applicable For

No: Applicable

City & State

City & State

Zip

Country

Zip

Country

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/D	MATZEL, Bruce	21 Brandywine Lane	Colts Neck, NJ 07722
S/D	MATZEL, Geraldine	21 Brandywine Lane	Colts Neck, NJ 07722
REINSTATEMENT 1992-1996			
REINSTATEMENT			
700002038877--6 -12/27/96-01028-002 ***1175.00 ***1175.00			
700002038877--6 -12/27/96-01028-003 *****75 *****8.75			

8. Name and Address of Current Registered Agent

John B. Ritch
100 Church Street
Kissimmee, FL 32741

Name

Kenneth W. Wright

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

20 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 1000

City

Orlando

State
FL

Zip Code
32801

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

Kenneth W. Wright

REGISTERED AGENT MUST SIGN

Date 12/19/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

BRUCE MATZEL

12/20/96

908-741-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #