

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 25 PM 2:44

DOCUMENT # M58675

1. Corporation Name

U.S. MATREX, INC.

Principal Place of Business

Mailing Address

8125 NW 53RD STREET
SUITE 114
MIAMI FL 33166

8125 NW 53RD STREET
SUITE 114
MIAMI FL 33166



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0057415

Applied For

Not Applicable

City & State

City & State

PINE CREST, FLORIDA

Zip

Country

Zip

Country

33256

USA

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
PD	PETER PLAYFAIR, SCOTT	8125 NW 53RD STREET	MIAMI FL 33166

500004698685--2
-11/29/01--01063--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUMER, KEITH T
1 EAST BROWARD BLVD
STE 1501
FT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

AD

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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: PETER PLAYFAIR, SCOTT 786 242 4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 14, 2001

Date

Daytime Phone #

U.S. Matrex Inc.

P.O. BOX 565370
PINE CREST, FL 33256
TEL 786 242 4550
FAX 786 242 9575
E-M usmatrex@earthlink.net

15 de octubre de 2001

Florida Department of State
Division of Corporations
~~P.O. Box 1500~~
Tallahassee, FL 32302-1500
To Whom It may Concern

Dear Sirs

RE: M58675/US MATREX INC

Please find enclosed our cheque in the amount of \$150.00 in settlement.

We regret very much that the filing is late but this was due to the fact that we did not receive the form on which to file nor any notices in respect of this matter.

Sincerely,


~~Peter Playfair~~

President