3. Mailing Office Address

House

City & State

3520 NW 84th Terr.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Migh

=H=01000====

3526 NW 876 TEL.

SC Mathis Foundation Group

FILED

01 MAR 30 PM 3-25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000003993120--9 -04/11/01--01107--027 \*\*\*\*236.25 \*\*\*\*236.25

4.-Date Incorporated or Qualified To Do Business in Florida Dec 18, 1987 5. FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent	ant-a
Name -04/11/01:011	n7026
1 * 1 (大・*()) 1 (大・*) *() *() *() *() *() *() *() *() *() *	<del>⊭***</del> 1.25
Street Address (P.O. Box Number is Not Acceptable)	
3520 NW 84th Terr.	<del>-</del>
Suite, Apt. #, Etc. 信息を表現していません。	49
Honce	<del></del>
-City	1 .
Miani 11 33147	

Country

115

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 Mattie Marshall REGISTERED AGENT MUST SIGN

110

Date 02/09/0/

City / State / Zip

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles Officers and/or Directors

3520 NW 34th Terrace

3520 NW 84th Ferrace Mia

3520 NW 84th Terrace

3520 NW 87th Terrace Miem: F1

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 filling 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:

SIGNING OFFICER OR DIRECTOR

3/26/200/ Daytime Phone #