

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 23 AM 6:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P0000002117

1. Corporation Name

Matrix Business, Inc.

2. Principal Office Address - No P.O. Box #
 7395 SW 42 St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, FL

City & State

Zip
 33155

Country

Zip

Country

REINSTATEMENT 05-07
 CR2E081 (1/07) Wop

4. Date Incorporated or Qualified
 To Do Business in Florida

01/06/00

5. FEI Number

26-0752525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Contreras, Carlos

Street Address (P.O. Box Number is Not Acceptable)
 7395 SW 42 St.

Suite, Apt. #, Etc.

City
 Miami

State
 FL

Zip Code
 33155

The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
PD	Contreras, Carlos	7395 SW 42 St.	Miami, FL 33155

200109722612
 09/20/07--01088--003 **450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #