

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

FILED

03 APR -8 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P00000033325

**1. Corporation Name**

**Matrix Business Solutions Inc.**

**2. Principal Office Address**

**7301A W Palmetto Park Rd**

Suite, Apt. #, etc.

**Suite 301B**

City & State

**Boca Raton, FL**

Zip

Country

**33433**

**3. Mailing Office Address**

**7301A W Palmetto Park Rd, Ste 301B**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

Zip

Country

**33433**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3/31/2000**

**5. FEI Number**

**65-1004495**

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Howard S Bernstein**

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

**7301A W Palmetto Pk Rd**

Suite, Apt. #, Etc.

**Ste 301B**

City

**Boca Raton**

State

Zip Code

**FL**

**33433**

**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

REGISTERED AGENT MUST SIGN

Date

**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
PSD	HOWARD S BERNSTEIN	7301A W PALMETTO PK RD, 301B	BOCA RATON, FL 33433

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Bernstein, et al 4/3/2003

(954) 409-6208

7/9/9

**Matrix Business Solutions Inc.**

7301-A W Palmetto Park Road  
Suite 301-B  
Boca Raton, FL 33433

April 3, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Corporation Reinstatement

Dear Sir or Madam:

I am aware that the corporation (Matrix Business Solutions Inc.) has been administratively dissolved by the State of Florida. I never received the 2002 Uniform Business Report (UBR). The corporation has changed its business address; please see the "changed" address on the attached Corporation Reinstatement form.

I am attaching to this letter a \$308.75 check payable to the Secretary of State and a completed Florida Corporation Reinstatement form. The \$308.75 is to pay the 2002 UBR fee, the 2003 UBR fee and \$8.75 for a certificate of status.

The reinstatement form states that there is a \$600.00 reinstatement fee required. As per a telephone call with the Florida department of corporations, I hereby request abatement of the \$600.00 fee for reasonable cause. Two of the causes were 1) I never received the UBR in 2002 - my address changed and I did not know to notify the State of Florida and 2) I have never requested that the reinstatement fee be abated.

This is very important to me and I hope that you can process this as soon as possible.

Truly and respectfully yours,



Howard Bernstein, Secretary