

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000057330**

1. Corporation Name

MAT DEPOT, INC.

Principal Place of Business

6657 NORTHWEST 49 STREET
CORAL SPRINGS FL 33067

Mailing Address

5763 NW 101 DR
CORAL SPRINGS FL 33076

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

2. New Principal Office Address, If Applicable

12733-F OAK LAKE Ct

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Midlothian, VA
Zip **23112** Country **USA**

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2000

5. FEI Number

65-1019473

Applied For

Not Applicable

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
P	LADER, GARY	6657 NORTHWEST 49 STREET	CORAL SPRINGS FL 33067
VP	FERRUSI, LOUIS	6657 NORTHWEST 49 STREET	CORAL SPRINGS FL 33067
ST	CATALDO, RONALD	9599 SUNPOINTE DRIVE	BOYNTON BEACH FL 33437
D	HOWARD, RALPH	746 CHEROKEE	LAGRANGE GA 30240
			500024511495 11/07/03--01064--020 **1100.00

8. Name and Address of Current Registered Agent

FERRUSI, LOUIS
5379 LYONS ROAD
152
COCONUT CREEK FL 33073

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/11/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Ferrusi

Date

10/11/03

Daytime Phone #

(984) 444-3500

CR2E040 (7/03)