#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILFD

02 MAY 10 AM 8:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mailing Address

## DOCUMENT # P0000075706

1. Corporation Name

Principal Place of Business

#### MATTMICMANNY CORPORATION

2003-MANES AWER OF TOSCANINI WEST SALM SEACH PL Dock PATON FUA 3-3 43-3 If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 08/04/2000 Suite, Apt. #, etc. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director and/or Directors D TERRANA, MICHAEL D Brandle, Matthew MONA EMANUELE -05/23/02--01071--014 \*\*\*\*300.00 \*\*\*\*300.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent State | Zip Code 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S. Signature of Registered Agent

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 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD SUITE C BOCA RATON, FLORIDA 33434 TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

April 17, 2002

Florida Department of State Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314

Re: Mattmicmanny Corporation
Document # P00000075706

To whom it may concern

Our client, Mattmicmanny Corporation, purchased their business along with a partner in 2001. The partner handled the various legal and paper matters for the company and our clients had no knowledge that this form had been received, nor that payment was due on it. Upon dissolving the partnership this year, our clients became aware that certain matters had not been handled in a proper fashion.

The clients are new to the business world and were not aware that they had to file yearly corporation reports and forward a check with the notice.

We are therefore, enclosing a check in the amount of \$300.00, for the years 2001 and 2002, and respectfully request that their corporation be reinstated and that all penalties and any interest be abated.

The client has now engaged our services and we will see that all future filings are handled in a timely manner.

Thanking you in advance for your assistance and consideration in this matter, I remain,

Sincerely yours;

Bruce J. Reingold