

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 18 AM 10:09

DOCUMENT # **P00000096423**

1. Corporation Name

MATCHMAKER BUSINESS SERVICES, INC.

2. Principal Office Address
328 PIERCE AVENUE

Suite, Apt. #, etc.

City & State
CAPE CANAVERAL, FL 32920

Zip
32920

Country
USA

3. Mailing Office Address
328 PIERCE AVENUE

Suite, Apt. #, etc.

City & State
CAPE CANAVERAL, FL 32920

Zip
32920

Country
USA

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida **10/12/2000**

5. FEI Number
593687558

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
JAMES C. BAKER

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

Suite, Apt. #, Etc.

City
CAPE CANAVERAL, FL 32920

State
FL

Zip Code
32920

3/17/04 01048 004 608-75

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

James C Baker
REGISTERED AGENT MUST SIGN

Date **3-15-04**

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
P/D	JAMES C. BAKER	328 PIERCE AVENUE	CAPE CANAVERAL, FL 32920
VP/D	SANDRA DUNN	435 WOODLAND STREET	MERRITT ISLAND, FL 32953

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:

Sandra Dunn **SANDRA DUNN**

3-15-04

Date

321 783-6264
321-452-0951

Daytime Phone #

per Pat
Bailey
3/18

CR2ED181 (01/04)

2/2

328 Pierce Avenue
Cape Canaveral, FL 32920

Telephone: (321)783-6264
Fax: (321)783-6264
Email: matchmakerbiz@cs.com

March 15, 2003

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

Dear Ms. Bailey:

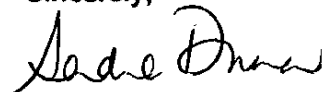
Thank you for taking the time to speak with me today concerning Matchmaker Business, Services, Inc. and the status of this corporation.

We never did receive a correspondence regarding the 60 notice of intent to dissolve this corporation. In fact, we have never received an annual report that is usually sent automatically to corporations by the Department. We also have not received any other subsequent mailings including the letter stating that a check had been returned due to insufficient funds.

We would appreciate the waiver of the reinstatement fee and penalties. As instructed, we have enclosed the reinstatement form, along with a check for \$608.75 to cover the annual filing fees for the years 2001, 2002, 2003 and 2004 and for a certificate of status..

We greatly appreciate that you expedite this matter as soon as possible and we are truly grateful for all the help you have given to us in trying to correct this situation.

Sincerely,



Sandra Dunn

cc:
JCB/sd