

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006744

1. Corporation Name

MATTHEWS TRACTOR SERVICE, INC.

Principal Place of Business

5180 WHITE HERON LANE
MELBOURNE FL 32934

Mailing Address

5180 WHITE HERON LANE
MELBOURNE FL 32934

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-5342806

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATTHEWS, JERRY W JR.	5180 WHITE HERON LANE	MELBOURNE FL 32934

8. Name and Address of Current Registered Agent

MATTHEWS, JERRY W JR.
5180 WHITE HERON LANE
MELBOURNE FL 32934

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (8/02)



BOUVIER & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

3210 N. Wickham Road, Suite 5 • Melbourne, Florida 32935

Tel: 321/752-9967 • Fax: 321/752-9927

November 1, 2002

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

To Whom It May Concern:

RE: Matthews Tractor Service, Inc. #P01000006744

Our client, Matthews Tractor Service, Inc. did not receive the original 2002 Uniform Business Report. The enclosed UBR is the only one they have received.

Enclosed, please find the signed report and the \$150.00 fee. We are asking that the fee be reduced to the original amount owed due to the fact that the first UBR was not received.

If you need any further information, please don't hesitate to call.

Thank you,

A handwritten signature in cursive script that reads 'Patti A. Williams'.

Patti A. Williams
Accountant