

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 -4 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019723

1. Corporation Name

MATTHEWS GRADER SERVICE, INC.

Principal Place of Business

19800 SW 180TH AVE #91
MIAMI FL 33187

Mailing Address

19800 SW 180TH AVE #91
MIAMI FL 33187

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

02/22/2001

5. FEI Number

65-1092992

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
D/P/V	MATTHEWS, DARREN	19800 SW 180TH AVE #91	MIAMI FL 33187
S/T	MATTHEWS, RHONDA	19800 SW 180TH AVE #91	MIAMI, FL 33187

8000008784988
11/04/02--01064--019 **150.00

8. Name and Address of Current Registered Agent

MATTHEWS, DARREN
19800 SW 180TH AVE #91
MIAMI FL 33187

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

Darren Matthews
REGISTERED AGENT MUST SIGN

Date 10-31-02

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:

Darren Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02 305-905-9391

Date Daytime Phone #

Matthews Grader service Inc.

19800 sw 180 avenue #91
miami, florida 33187
usa

Phone (305) 905-9391
Fax (305) 256-1701

October 31, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I Darren Matthews do hereby state that no two prior Uniform Business Reports (UBR) notices have ever been received. Therefore, I respectfully request the corporation be reinstated. DOC: # PO1000019723.

Enclosed is the UBR fee of \$150.00.

Thank you for your cooperation.

Sincerely,


Darren Matthews