	1	PLEASE READ A	ALL INSTR	UCTI	ONS BEF	ORE C	OMPLETI				
CORPORATION K REINSTATEMENT S					DEPARTMENT OF STATE (atherine Harris ecretary of State sion of corporations			SECRETARY OF STATE DIVISION OF CORPORATIONS  02 DEC 11 PM 4: 46			
OCCUMENT # PO 1 0000 23 109 Corporation Name  Matrixx Construction Inc.											
. Principal	Office Addre	ess	3. Mailing Offic	Mailing Office Address							
P.03	ex Y	70354	SAME.								
uite, Apt.#,	etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.							
Ce/el ity & State F).	oration	~	City & State				4. Date Incorporated or Qualified To Do Business in Florida  3//QI  5. FEI Number  \$\( \text{Applied For} \)  Not Applicable				
P Country 24747 Offando			Zip		Country		S9-3709/32 Not Applicable  6. CERTIFICATE OF STATUS DESIRED   S8.75. Additional Fee required for a Certificate of Status				
	7. Name and Address of Current Registered Agent  Name  Merrick Agusto  Street Address (P.O. Box Number is Not Acceptable)  1512 Sugar wood CIC  Suite, Apt. #, Etc.  City  Winter Pack  Tip Code  FL 32742										
L being :		e registered agent of the abo	ove named corpora	tion, am	familiar with and	accept the o	bligations of sect				
Signature of Registered A	$\sim$	2KF	GEGRETERED AGEN					Date	1	i	
Names	and Street A	ddresses of Each Officer an	d/or Director (Florid	da nonpre							
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	Merrick Agusto			1512 Sugarwood CIT 110 Titan DR.				WinterPark Fl 32792			
D	Alex			110	Titan	DA	2.	Davenpo	rt. F)	34747	
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							12713	2/0201003	-024 **	750.00	
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10. I certify that I am an officer or director of the receiver of 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 strail have the same legal effect as if made under oath.

SIGNATURE/

SIGNATURE AND TYPED TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/62

(407)383-1865

Daytime Phone #