

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023783

1. Corporation Name

MATEQ SUPPLY, INC.

2. Principal Office Address

8080 NW 36 STREET

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

8180 NW 36 STREET

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33166

Country

USA

REINSTATEMENT 02

05-28-02 91741 014 R150-a

4. Date Incorporated or Qualified
To Do Business in Florida

March 7, 2001

5. FEI Number

65-1113663

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

VERONICA SALAS

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

8080 NW 36 STREET

Suite, Apt. #, Etc.

301

City

MIAMI

State

FL

Zip Code

33166

600009296406
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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 Veronica Salas

Date 11/11/02

REGISTERED AGENT MUST SIGN

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	PEDRO SALAS	8080 NW 36 STREET	MIAMI, FL 33166
S	VERONICA SALAS	8080 NW 36 STREET	MIAMI, FL 33166

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: Veronica Salas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

(208) 477-7060

Daytime Phone #

CR2E081 (9/01)