PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023783**

1. Corporation Name

MATEQ SUPPLY, INC.

Principal Place of Business	Mailing Address
~~8081 NW 36 ST., SUITE 301~~	Fido ~~8081 NW 36 ST., SUITE 301~~
MIAMI FL 33166	MIAMI FL 33166

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8180 NW 36 ST	
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33166 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/2001

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. 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
P	SALAS, PEDRO	~~8081 NW~~ 8180 36 ST., SUITE 301	MIAMI FL 33166
S	SALAS, VERONICA	~~8081 NW~~ 8180 36 ST., SUITE 301	MIAMI FL 33166

10/13/03--01112--003 **750.00
500023768905
10/13/03--01112--003 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SALAS, VERONICA 8081 NW 36 ST., SUITE 301 MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: SIGN Veronica Salas — Date: 10/10/03
REGISTERED AGENT MUST SIGN

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: SIGN Veronica Salas — 10/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #