

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 14 PM 5: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026590

1. Corporation Name

MATTHEW DAVID ENTERPRISES, INC.

Principal Place of Business

7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

Mailing Address

7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

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

03/14/2001

5. FEI Number

55-1096245

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	KLEIN, STEVEN C	7522 WILES ROAD SUITE 210	CORAL SPRINGS FL 33067
P	STERNSTEIN, MATTHEW STERNSTEIN, MATTHEW	6346 LANTANARD 6346-70 Lantana Road---	LAKE WORTH FL 33463

REINSTATEMENT

8. Name and Address of Current Registered Agent

KLEIN, STEVEN C
7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

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

REGISTERED AGENT MUST SIGN

Date

10/19/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

2082

MATTHEW DAVID ENTERPRISES, INC.
7522 WILES RD # 210
CORAL SPRINGS, FL 33067

October 21, 2003

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

Re: MATTHEW DAVID ENTERPRISES INC.
ID#: 55-1096245

Dear Sir or Madam:

The above corporation has been dissolved per your records due to non-payment of a uniform business report for year 2003. I have never received any forms from you and was unaware this was due.

I am asking you to waive the penalties on this. I have enclosed a check for \$ 150.00 for the 2003 report.

Please feel free to contact me if you have any questions.

Very truly yours,



Matthew Sternshein