

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 10f 2

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027160

1. Corporation Name
MATRIX PARADIGM, INC.

Principal Place of Business Mailing Address
3548 SANDBURG RD. JACKSONVILLE FL 32277
3548 SANDBURG RD. JACKSONVILLE FL 32277



2. New Principal Office Address, if Applicable
7943 VINEYARD LAKE ROAD NORTH
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
7943 VINEYARD LAKE ROAD NORTH
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
03/12/2001

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE, FLORIDA

5. FEI Number
59-3703742

Zip Country
32256 DUAL

Zip Country
32256 DUAL

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STEFFAN, SCOTT J	3548 SANDBURG RD.	JACKSONVILLE FL 32277
SD	STEFFAN, TRINA A	3548 SANDBURG RD.	JACKSONVILLE FL 32277

200008696262
10/30/02--01043--006 **150.00

8. Name and Address of Current Registered Agent
STEFFAN, SCOTT J
3548 SANDBURG RD.
JACKSONVILLE FL 32277

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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] **SIGNATURE REQUIRED** Date 10/28/02
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: [Signature] **SIGNATURE REQUIRED** Date 10/28/02 Daytime Phone # 904 905-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (9/02)

AG 2052

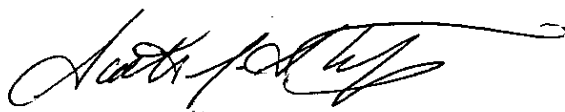
October 28, 2002

Scott J. and Trina A. Steffan
Matrix Paradigm Inc.
3548 Sandburg Road
Jacksonville, Florida
32277

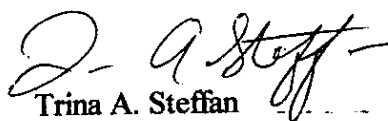
Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Florida
32314

To Whom It May Concern:

We did not receive prior notices from the Division of Corporations. Please waive penalty fees and accept a check for \$150.00 for **Matrix Paradigm Inc.**, Document # **P01000027160** for the Uniform Business Report.



Scott J. Steffan
Officer of the Corporation



Trina A. Steffan
Office of the Corporation