## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		44.00	
	RPORATION STATEMENT	FLORIDA DEPARTMENT OF ST. Secretary of State DIVISION OF CORPORATIONS	03 HAR 11 PH 12: 32
DOCUMENT # P01000057497  1. Corporation Name			EALLAHASSEE, FLOREA
MATELO ENTERPRISES, INC.			100014085151 03/14/0301038008 **8.75
2. Principal Office Address 808 Brickell Key Drive		3. Mailing Office Address 808 Brickell Drive	100014085151 03/14/0301038007 **900.00
Suite 3604		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6/11/01
city & State Miami, Florida		City & State Miami, Florida	. 5. FEI Number
Zip 33131	Country	33131 Country	GERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
	MONICA VENEGAS		
	Street Address (P.O. Box Number is Not Acceptable) 808 Brickell Key Dr. Suite		
ξ.	Suite, Apt. #, Etc.	Suite 3604	· 
	City	Miami	State Zip Code
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  PEGISIERED AGENT MUST SIGN  Date 03/10/03			
9. Names and Street Addresses of Each princer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Street Address of Each Officers and/or Directors Officer and/or Director  City / State / Zip		
PD	MONICA VENEGAS	VENEGAS 808 Brickell Key Dr. Suite 3604 Miami, Florida 33131	
STD	JULIO VENEGAS	LIO VENEGAS 808 Brickell Key Dr. Suite 3604 Miami, Florida 33131	
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		KE	STATEMENT 02-05
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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 filling 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 abcurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  President  03/10/03  305-374-3434			