

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000060490**

1. Corporation Name

The MATHER GROUP, INC.

900023829779
10/15/03--01075--018 **150.00

900023829779
10/15/03--01075--018 **150.00

REINSTATEMENT 07

2. Principal Office Address

15840 BEREA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

15840 BEREA DR.

Suite, Apt. #, etc.

City & State

ODESSA FL

Zip Country

33556

City & State

ODESSA FL

Zip Country

33556

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-2001

5. FEI Number

59-3727430

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

EDWARD J. MATOS

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

15840 BEREA DRIVE

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

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

REGISTERED AGENT MUST SIGN

Date **10/1/03**

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/D	EDWARD MATOS	15840 BEREA DR.	ODESSA, FL 33556
NP/D	CARLOS HERNANDEZ	20410 SW 53 PL	PENBROOK PINES, FL 33332
T/D	VIVIAN MATOS	15840 BEREA DR.	ODESSA, FL 33556
B/D	IVETTE HERNANDEZ	20410 SW 53 PL	PENBROOK PINES, FL 33332

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/17