PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 AUG 27 PH 3: 44
DOCUMENT # PO100099849 1. Corporation Name		SECRETARA OF STATE TALLAHASSEE, FLORIDA
Matrix Technologies & Services Inc.		IR.
2. Principal Office Address 14691 5, W. 33 C1. Suite, Apt. #, etc.	3. Mailing Office Address 1469 5.W. 33 C1. Suite, Apt. #, etc.	REINSTATEMENT 02-04
oune, Apr. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida
City & State Miramor TL	Miramat T2	5. FEI Number Applied For Not Applicable
33027 Country USA	33027 Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name QUCC_Dzung V. Le (Zach Le) Street Address (P.O. Box Number is Not Acceptable) 14691 SW 33 C1. Suite, Apt. #, Etc. ADD040580004 08/27/0401035006 **1050 00		
City Miramar		State Zip Code FL 33027
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 Date 8/24/04		
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	
T/S Quoc-Drung V.	Le 14691 SW 33	Cl. Miramar, Fl. 33027
P Khanh T. Ng	uyen 14691 SW 33	C1. Miramar FR 33027
M. Henry Nguy	en 2651 Monroe	St. Hollywood, Rl 33027
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 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 Daytime Phone #		