

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000107907

1. Corporation Name

ASSEMBLY MATRIX, INC.

Principal Place of Business

3350 MERMOOR DRIVE
UNIT 101
PALM HARBOR FL 34685

Mailing Address

3350 MERMOOR DRIVE
UNIT 101
PALM HARBOR FL 34685

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

59 3754556

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WHITE, ALAN D	3350 MERMOOR DRIVE, #101	PALM HARBOR FL 34685
V	NEAL, FRANK	ROAD 103 KM 7.7, CALLE PAS 443	CABO ROJO PR 00623

600008939116
11/12/02--01091--030 **750.00

8. Name and Address of Current Registered Agent

SWOPE, SCOTT P
2555 ENTERPRISE ROAD
SUITE 15
CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name

Alan D. White

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

3350 Mermoor Drive #101

Suite, Apt. #, Etc.

City

Palm Harbor,

State

FL

Zip Code

34685

CR2E040 (8/02)

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
REGISTERED AGENT MUST SIGN

Date Nov. 5, 2002

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)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 5, 2002

Date

Daytime Phone #