

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.

FILED
 02 NOV 12 PM 7:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**3350 MERMOOR DRIVE
 UNIT 101
 PALM HARBOR FL 34685**

Mailing Address
**3350 MERMOOR DRIVE
 UNIT 101
 PALM HARBOR FL 34685**



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/2001	
City & State		City & State		5. FEI Number	
Zip		Country		59 3754556	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 713	CABO ROJO PR 00623

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

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
SWOPE, SCOTT P 2555 ENTERPRISE ROAD SUITE 15 CLEARWATER FL 33763		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

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 Nov. 5, 2002
 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)(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** Date Nov. 5, 2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)