

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000039623

1. Corporation Name

MATTHEW W. GOODMAN, INC.

Principal Place of Business

1224 TANGIER STREET  
CORAL GABLES FL 33134

Mailing Address

1224 TANGIER STREET  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2002

5. FEI Number

02-0588974

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOODMAN, MATTHEW W	<del>1244 TANGIER</del> 1224 Tangier street	CORAL GABLES FL 33134

300025761943  
12/26/03--01012--023 \*\*150.00

8. Name and Address of Current Registered Agent

STOLZENBERG, KEITH H ESQ  
1101 BRICKELL AVENUE SUITE 1400  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Keith Stolzenberg

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

1401 Brickell Avenue

Suite, Apt. #, Etc.

Suite 825

City

Miami

State

FL

Zip Code

33131

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]*  
REGISTERED AGENT MUST SIGN

Date

12/18/03

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

12/18/03 305-992-7420

Date

Daytime Phone #

CR20040 (7/03)