

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 AUG -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047975

1. Entity Name
MATITER INVESTMENT, INC.



Principal Place of Business

1165 B
MIAMI, FL 33133
2911 Bridgeport Ave
MIAMI, FL 33133

Mailing Address

1165 BRIDELL BAY DR. #2302
MIAMI, FL 33131

SAME

2. Principal Place of Business

2911 Bridgeport Ave
Suite, Apt. #, etc.

3. Mailing Address

2911 Bridgeport Ave
Suite, Apt. #, etc.



05102006 01 REIN-P 05-06 CR2098 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

01-0700379

Applied For

Not Applicable

Zip

33133

Country

U.S

Zip

33133

Country

U.S

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEJEDA, TRINA
3438 COMMODORE PLAZA
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

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

4341 MAYFAIR DRIVE

City

MIAMI

FL

Zip Code

33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TEJEDA, TRINA
STREET ADDRESS 3438 COMMODORE PLAZA
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4341 MAYFAIR DR
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000078486410
CITY-ST-ZIP 08/08/06--01068--005 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600078486456
CITY-ST-ZIP 08/08/06 01068 006 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Trina Tejada

5/21/06

305-7740100