2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -3 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

10/21/05 01030 012 $150.00
11032005 REIN-P CR2E098 (6/04)

DOCUMENT # P02000065045

1. Entity Name
MATT IAMAIO, INC.

Principal Place of Business	Mailing Address
773 COACH LIGHT DR FERN PARK, FL 32730	773 COACH LIGHT DR FERN PARK, FL 32730

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0627570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, PATTI - Jo
853 10TH ST
CLERMONT, FL 34311

7. Name and Address of New Registered Agent

Name Patti - Jo Jernigan
Street Address (P.O. Box Number is Not Acceptable)
836 W. Montrose St. Ste 1
City Clermont FL Zip Code 34711

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] 11-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IAMAIO, MATT 773 COACH LIGHT DRIVE CASSELBERRY, FL 32730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Matt Iamaio 11/03/05 (321) 277-5949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/03/2005

Attention: Eula

To Whom It May Concern:

I am writing this letter to explain that I have sent my annual report with a $150.00 check three times. Once January 7, 2005, twice on August 3, 2005 and once in October 2005. I am asking that the fees be waived as I had sent this on time in January 2005. I also need to be reinstated as soon as possible to resume business. The checks that I have sent are still outstanding. Either you have them or they have been lost in the mail. Thank you for your time.

Sincerely,

Matt Iamaio
President
321-277-5949