

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 13 AM 8:00

DOCUMENT # P02000073731

1. Corporation Name

MATHEWS TECHNICAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~5320 SANDLAKE DRIVE~~  
MELBOURNE FL 32934

6959 Idlewyde Cir.  
W. Melbourne Fl 32904

~~5320 SANDLAKE DRIVE~~  
MELBOURNE FL 32934

7665 Northern Oak St.  
West Melbourne Fl 32904

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

07/05/2002

Suite, Apt. #, etc.

6959 Idlewyde Cir

City & State  
W. Melbourne FL

Zip

32904

Country

USA

Suite, Apt. #, etc.

7665 Northern Oak St.

City & State  
W. Melbourne FL

Zip

32904

Country

USA

5. FEI Number

61-1418866

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
PD	TERRY, MATHEWS D	5320 SAND LAKE DRIVE	MELBOURNE FL 32907

200024619842  
11/13/03--01007--017 \*\*150.00

8. Name and Address of Current Registered Agent

TERRY, MATHEWS D  
5320 SANDLAKE DRIVE  
MELBOURNE FL 32934

9. Name and Address of New Registered Agent

Name

Terry D. Mathews

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

7665 Northern Oak St.

Suite, Apt. #, Etc.

City

W. Melbourne

State

FL

Zip Code

32904

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

Date

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)(i), 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  
Terry D. Mathews

Terry D. Mathews

11-8-03

321 986 7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

282

To Whom It May Concern :

The reason my renewal fee is late is because the reminder was sent to the wrong address. Also I was involved in an accident when a woman ran a red light and turned left in front of me on my motorcycle on March 5 of this year. I was severely injured and could think of little else besides getting well. My work is seasonal and the accident and resulting injury caused my missing the majority of the spring season, resulting in very low earnings. Please note the new address on my reinstatement application.

Sincerely yours,  
Terry D. Mathews Pres.  
Mathews Technical Services Inc.  
7665 Northern Oak St.  
W. Melbourne FL 32904  
321 956 7055 321 427 4940

*Terry D Mathews*

11-8-03