## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000043448

Entity Name: MATTEK FINANCIAL SERVICES, INC

FILED Oct 02, 2008 Secretary of State

Entity Nan	1e: MATTER F	FINANCIAL SERVICES, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2385 EXEC	CUTIVE CENTE	ER DR.			
	ON, FL 33431	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2385 EXECUTIVE CENTER DR. 100 BOCA RATON, FL 33431 US				11476 SUNDANCE LN. BOCA RATON, FL 33428 US	
			BOCA RATON, FL		
FEI Number:	06-1689474	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MMG SPORTS 595 SOUTH FEDERAL HIGHWAY2385 NW EXECUTIVE 100				ORANGE TREE FINANCIAL, LLC 2385 NW EXECUTIVE CENTER DRIVE 100	
BOCA RATON, FL 33431 US				BOCA RATON, FL 33431 US	
The above in the State		ubmits this statement for the pu	rpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: TIMOTHY MATTEK				10/02/2008	
	Electroni	c Signature of Registered Agen	t	Date	
		(2)(b), F.S., the corporation did not a Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MATTEK, TIMOT	UTIVE CENTER DR, SUITE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MATTEK, HEIDI	Delete UTIVE CENTER DRIVE, SUITE 100 'L 33431 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MATTEK, TIMOT	JTIVE CENTER DRIVE, SUITE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SECR ()  MATTEK, HEIDI	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY MATTEK P 10/02/2008

2385 NW EXECUTIVE CENTER DRIVE, SUITE 100

BOCA RATON, FL 33431 US

Address:

City-St-Zip: