

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 9:02

DOCUMENT # P03 000048776

1. Corporation Name

MATTINA INC.
DIBA ARMED TRANSMISSIONS

2. Principal Office Address

DLVP
1212 POME DE LEDON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL.

City & State

SAME

Zip

34601

Country

NEVADA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

BORAKS, STAN

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

24086 MARTIN DR

Suite, Apt. #, Etc.

400077952444

07/25/06-01040-006 **450.00

City

BROOKSVILLE

State

FL

Zip Code

34601

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stan Boraks

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.	STEVE MARIACI	9481 Patrick St.	Brooksville, FL 34601
V.P.	STAN BORAKS	24086 MARTIN DR.	Brooksville, FL 34601

10. 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 contained in Chapter 119, 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:

Stan Boraks

STAN BORAKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-06

Date

352-799-1111

Daytime Phone #

6-27-06

MY NAME IS STEVE MANIARI - CORP. NAME
MATTINA INC. - ^{DBA} AAMED TRANSMISSIONS

THIS IS A REQUEST FOR A WAIVER FOR
PENALTIES. REASONS. I'VE HAD SO MANY PROBLEMS
WITH FLUORIDE DAMAGE HALF OF MY SICK HAS
BEEN DESTROYED AND AAMED DOES NOT MAKE THE
LARGE ONES ANYMORE

IN 2004 I GOT SICK FLAT LINED I WAS
REVIVED AND I HAVE SOME MEMORY LOSS
MY MANICOR WAS STEALING MONEY FROM ME
I HAD TO LET HIM GO.

MY PARENTS HAVE BEEN SICK FOR SEVERAL YEARS
I'VE BEEN TAKEN CARE OF THEM. MY FATHER
IS IN HOSPICE MY MOTHER IS DEMENTED

MY WIFE HAD BREAST CANCER I'M SORRY THAT
THIS GOT AWAY FROM I KNOW THAT YOU PROBABLY
HEARD ALL THE STORIES BUT THIS ONE IS TRUE
FORGIVE MY HAND WRITING MY HAND ARE SHAKING

THANK YOU

Steve Maniari

I DID NOT RECEIVE ANY OF 2004
ANNUAL REPORT NOTICES I'M REQUESTING A
WAIVER FOR PENALTIES