

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 AM 8:02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000051558**

1. Corporation Name

Mate's Billabong Inc.

2. Principal Office Address **801 NORTH
TEMPLE AVE**

Suite, Apt. #, etc.

City & State

STARKE FLA

Zip

32091

Country

Bradford

3. Mailing Office Address

PO Box 374

Suite, Apt. #, etc.

City & State

STARKE FLA

Zip

32091

Country

Bradford

REINSTATEMENT

04.06

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/2003

5. FEI Number

56-2356594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda Lee Napier

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

16007 N.E. 15TH PL

Suite, Apt. #, Etc.

City

STARKE

State
FL

Zip Code

32091

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **3-21-06**

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
PT	Colin R. Napier	16007 N.E. 15 TH PL	STARKE FLA 32091
VS	Linda L. Napier	16007 N.E. 15 TH PL	STARKE FLA 32091

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04/10/06--01056--026 **450.75

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-06

Daytime Phone #

904-964-6967
904-364-7373

3/30

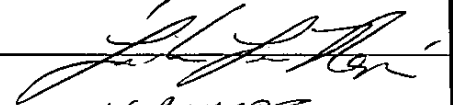
Sir

As per the note on the instruction sheet I am writing to say that I did not receive the annual report notice sent in 2004. I believe this may be due to an error I found on our original articles of incorporation. The mailing address stated has never been our address.

The correct address for this corporation is 801 N. Temple Ave Suite 7A - not 2309 N. Temple Ave. I have inclosed a copy of our articles for verification.

Thank you for your understanding

Sincerely



V.P. MARES

BILLABONG

INC.