

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000076414

1. Corporation Name

MATTY PEREZ INC.

2. Principal Office Address

9120 S.W. 31 TERRACE

3. Mailing Office Address

9120 S.W. 31 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

Zip

33165

Country

4. Date Incorporated or Qualified

To Do Business in Florida 07/11/2003

5. FEI Number

61-1454771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 09

7. Name and Address of Current Registered Agent

Name

MATTY PEREZ

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

9120 S.W. 31 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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]

Date 10/29/2004

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
PD	MATTY PEREZ	9120 S.W. 31 TERRACE	MIAMI, FL 33165

800042533348
11/09/04--01063--009 **150.00

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2004

Date

(305) 244-7577

Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

04 NOV -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami, FL, October 29, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Ref: MATTY PEREZ INC., Document Number P03000076414

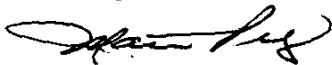
Dear Sirs,

This is to inform you that we never received the Annual Report Notice for the referenced corporation. Furthermore, it has come to our attention that you dissolved this corporation and we came to know about this through the notice you sent to us. Therefore, we ask you to please reconsider and reinstate it, since we never received the first notice, so we ask you to please waive the reinstatement fee. To correct this problem, we are sending payment of \$150.00 corresponding to the 2004 Annual Report fee along with the Reinstatement Form.

Should you have further questions, please contact us at (305) 244-7577. We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Cordially,



MATTY PEREZ
President