

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1083

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC -1 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078874

1. Corporation Name

Mathew Gates Systems, Inc.

RECEIVED 04-05

2. Principal Office Address

1472 S. Dixie Highway

State / P. #, etc.

3. Mailing Office Address

1472 S. Dixie Highway

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33060

Country

USA

Zip

33060

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/17/2003

5. FEI Number

54-2118162

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

Mathew Sadd-Nagim

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

1472 S. Dixie Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

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

REGISTERED AGENT MUST SIGN

Date

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

Officer	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Mathew Sadd-Nagim	4367 NW 115th Avenue	Pembroke Pines, FL 33025
P	Lisa Sadd-Nagim	4367 NW 115th Avenue	Pembroke Pines, FL 33025

1. 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:

*Mathew Sadd-Nagim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/05

Daytime Phone #

293

Mathew Sadd-Nagim, Vice-President  
Matrix Gates System  
1472 S. Dixie Highway  
Pompano Beach, FL 33060  
Tel. # 954-612-8968

November 4, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In Re.: Request for Waiver of Reinstatement Fee

To Whom It May Concern:

I, the agent and vice president of Matrix Gates System, Inc., hereby respectfully request the waiver of reinstatement fees for the years 2004 and 2005 for the following reason.

Matrix Gates System did not file annual reports for the years 2004 and 2005 because its corporate officers were unaware of such requirement as we have never received any notification regarding the filing of annual reports. Our failure to comply with the law was not intentional.

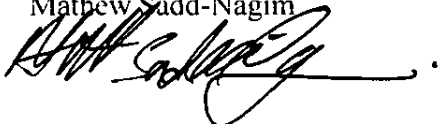
Therefore, we have enclosed a completed reinstatement application with a check for \$317.50 for reinstatement for 2004-2005 with the hope that the reinstatement fees are waived.

If you have any questions or need additional information, please feel free to contact me at the address listed above.

Thank you for time and attention to this matter.

Sincerely,

Mathew Sadd-Nagim

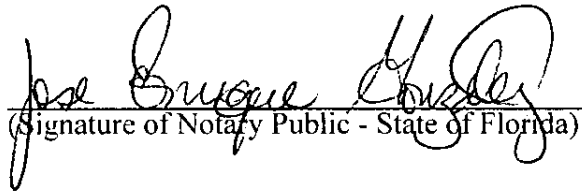


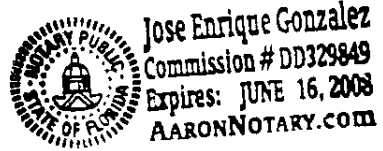
Vice President  
Matrix Gates System

343

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this Friday, November 04, 2005, by  
Sergio Orlando Cruz.

  
(Signature of Notary Public - State of Florida)



Jose Enrique Gonzalez

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐