


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

ANY  
FILED  
04 NOV -8 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000112570</b>	
1. Entity Name <b>MATOS INVESTMENT CORP.</b>	

Principal Place of Business <b>14692 SW 168TH TERR. MIAMI, FL 33177</b>	Mailing Address <b>14692 SW 168TH TERR. MIAMI, FL 33177</b>
--	--

REINSTATEMENT 84



2. Principal Place of Business <b>1225 West Av.</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>304</b>	Suite, Apt. #, etc.
City & State <b>FL</b>	City & State
Zip <b>33139</b>	Country

11052004 REIN-P CR2E098 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>MESTRE, OCTAVIO E 7385 SW 87TH AVE., SUITE 100 MIAMI, FL 33173</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>Juan L. Matos</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1225 West Av. apt 304</b>	
City <b>Miami Beach</b>	Zip Code <b>FL 33139</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D MATOS, JUAN 14692 SW 168TH TERR. MIAMI, FL 33177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300042755223 11/15/04--01074--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 11/4/04 Daytime Phone #