



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000019821					
1. Entity Name MATTHEW HART INC					
Principal Place of Business 244 GREENLEA CIR CRAWFORDVILLE, FL 32327			Mailing Address 244 GREENLEA CIR CRAWFORDVILLE, FL 32327		
2. Principal Place of Business <i>195 Hilliardville Rd</i>		3. Mailing Address <i>195 Hilliardville Rd</i>			
Suite, Apt. #, etc. <i>Crawfordville, FL</i>		Suite, Apt. #, etc. <i>Crawfordville FL</i>			
City & State <i>32327 Wakulla</i>		City & State <i>32327 Wakulla</i>			
Zip <i>32327</i>		Country <i>Wakulla</i>			
4. FEI Number <i>20-0695164</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, MATTHEW 244 GREENLEA CIR CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			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	P HART, MATTHEW 244 GREENLEA CIR CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">900060086109</div> <div style="text-align: center;">09/29/05--01058--025 ***150.00</div>	
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	
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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: <i>Matthew Hart</i>			Date: <i>9/23/05</i> Daytime Phone #: <i>850-519-7675</i>		

FILED

05 SEP 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA