

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 OCT -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000028802

1. Corporation Name

MATTHEW SYSTEMS INC

2. Principal Office Address - No P.O. Box #

636 SE Sunflower Pl

Suite, Apt. #, etc.

3. Mailing Office Address

636 SE Sunflower Pl

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32025

Country

USA

City & State

Lake City FL

Zip

32025

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 16, 2005

5. FEI Number

59-3798527

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

Matthew B. Karlton

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

636 SE Sunflower Pl

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Matthew B. Karlton

REGISTERED AGENT MUST SIGN

Date 05 Oct 2007

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
D	Matthew B. Karlton	636 SE Sunflower Pl	Lake City FL 32025

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Oct 2007

Date

Daytime Phone #