

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000034681

1. Entity Name
MATRIX MORTGAGE GROUP, INC.



FILED

07 DEC 17 PM 12:44

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

Principal Place of Business

10558 S. US HWY 1
PORT ST LUCIE, FL 34952

Mailing Address

10558 S. US HWY 1
PORT ST LUCIE, FL 34952

2. Principal Place of Business - No P.O. Box #

1496 SE Lennard Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Port St Lucie, FL

City & State

Zip

Country

4. FEI Number
20-2443756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSARIO, ISABEL
151 SE DWIGHT AVE
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Isabel Rosario*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/11/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
ROSARIO, ISABEL
151 SE DWIGHT AVE
PORT ST LUCIE, FL 34983 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500113159199
12/17/07--01003--010 **150.00

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition
jc 12/18

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Isabel Rosario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/07

Date

Daytime Phone #