


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 MAY -7 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000102061

1. Corporation Name

MATO PROCESSING SERVICES INC

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

370 S.W. 27 AVENUE

Suite, Apt. #, etc.

SUITE: 605

City & State

MIAMI, FL

Zip

33135

Country

3. Mailing Office Address

370 S.W. 27 AVENUE

Suite, Apt. #, etc.

SUITE: 605

City & State

MIAMI, FL

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2006

5. FEI Number

20-5359804

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

MANUEL D PEREZ

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

370 S.W. 27 AVENUE

Suite, Apt. #, Etc.

SUITE: 605

City

MIAMI, FL

State

FL

Zip Code

33135

☒ 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

(Signature)

REGISTERED AGENT MUST SIGN

Date 5-6-2008

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
PSTD	MANUEL D PEREZ	370 S.W. 27 AVENUE, SUITE: 605	MIAMI, FL 33135
		05/03/07 90055 035	\$150.00

700129234817
05/14/08--01006--014 **150.00

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-2008

Date

Daytime Phone #

KS

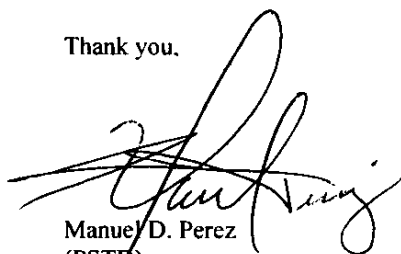
MATO PROCESSING SERVICES INC.
370 SW 27 AVE.
STE: 605
MIAMI, FL 33135

To Whom It May Concern:

This letter is to inform you that we never received the rejected letter regarding the 2007 Uniform Business Report. I have enclosed the necessary form in order to up-date the above mentioned corporation.

I you should have any questions regarding this letter please don't hesitate to contact me.

Thank you.



Manuel D. Perez
(PSTD)