

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12102007 REIN-P CR2E098 (1/07)

DOCUMENT # P06000135223 1. Entity Name MATTHEW'S INC.			
Principal Place of Business 12950 SW 19 DRIVE MIRAMAR, FL 33027		Mailing Address 12950 SW 19 DRIVE MIRAMAR, FL 33027	
2. Principal Place of Business - No P.O. Box # 927 Cape Coral Pkwy E <small>Suite, Apt. #, etc.</small>		3. Mailing Address 927 Cape Coral Pkwy E <small>Suite, Apt. #, etc.</small>	
City & State Cape Coral, FL <small>Zip</small> 33904 <small>Country</small>		City & State Cape Coral, FL <small>Zip</small> 33904 <small>Country</small>	
4. FEI Number 20-5776909		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BOHORQUEZ, BELKY Y 12950 SW 19 DRIVE MIRAMAR, FL 33027	
7. Name and Address of New Registered Agent Name MAE B. SALCEDO Street Address (P.O. Box Number is Not Acceptable) 1933 Colonial Blvd. City Fort Myers FL <small>Zip Code</small> 33907		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 12/10/07 <small>Signature, typed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BOHORQUEZ, BELKY Y <input type="checkbox"/> Delete 12950 SW 19 DRIVE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900113115049 12/13/07--01041--003 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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 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: Bohorquez, Belky Y <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12-10-07 339-645-9911 <small>Date Daytime Phone #</small>	

REINSTATEMENT
2007