

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P07000102668**

1. Entity Name  
**MATAHARI, INC**



**FILED**  
**08 OCT 30 PM 2:33**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~455 NE 38 ST~~  
~~MIAMI, FL 33137~~

Mailing Address  
~~455 NE 38 ST~~  
~~MIAMI, FL 33137~~

2. Principal Place of Business - No P.O. Box #  
**40 NE 1st Ave**

3. Mailing Address  
**40 NE 1st Ave**

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.  
**101**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33132**

Country  
**Inde**

Zip  
**33132**

Country  
**Inde**

10292008 REIN-P CR2E098 (1/07)

4. FEI Number  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KASYADI, SUDIBJO**  
**455 NE 38 ST**  
**MIAMI, FL 33137**

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 DATE **10/29/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, 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 SUDIBJO, KASYAD 455 NE 38 ST #2 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600137483266</b> <b>10/30/08--01033--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOEGIARTO, TIRTOPAWIRO <del>3605 BIRDIE DRIVE #103B</del> <del>LAKE WORTH, FL 33467</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3183 NW 5th Ave</b> <b>Miami, FL 33127</b>
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 <b>S I NENGAH SUARTA</b> <b>4055 NE 38 ST Apt 2</b> <b>MIAMI FL 33137</b>
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
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:**  **10/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #