

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN -5 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000081547**

1. Corporation Name

Matthew Price Inc.

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

2109 NE 5th PL

3. Mailing Office Address

2109 NE 5th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34479

Country

USA

Zip

34479

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9-4-2008

5. FEI Number

26 3288267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Matthew Price

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

2109 NE 5th PL

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

500268009415
01/05/15--01028--013 **1508.75

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 Price

Date

1/1/2015

REGISTERED AGENT MUST SIGN

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
P	Price, Matthew	2109 NE 5th PL	Ocala, FL 34479

10. E-mail Address: **mp22110@yahoo.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Matthew Price **MATTHEW PRICE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/2015 (352) 427-6164

Date

Daytime Phone #

RE 1/6/14