PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -2 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085392

1. Corporation Name
MATTEN PROPERTIES INC

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
1599 GOLDEN PALM CIRCLE TAVARES, FLORIDA 32778	P.O. BOX 430413 KISSIMMEE, FL 34743.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
AS ABOVE	AS ABOVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/93.

5. FEI Number: 59-3341332 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ALAN OLIVER	49 MEADFOOT LANE	TORQUAY, DEVON, ENGLAND
D	KEITH BRYANT	305 BLUE BAYOU DRIVE	KISSIMMEE, FLORIDA 34743.
S	CHRISTINE BRYANT	305 BLUE BAYOU DRIVE	KISSIMMEE FLORIDA 34743
C	JOHN BRIERLEY	UNITED, MYLORD CRESCENT	NEWCASTLE UPON TYNE NE 12 0UJ ENGLAND

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****915.00 ****915.00
96-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: THOMAS E DOSS III
Street Address (P.O. Box Number is Not Acceptable): DOSS+SIMS PA SUITE 210
Suite, Apt. #, Etc.: 500 EAST ALTAMONTE DRIVE,
City: ALTAMONTE SPRINGS State: FL Zip Code: 32701

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 30 APRIL 97.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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

28 April 97 Date (407)830-0017. Daytime Phone #

CR2E040 (12/96)