


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT W-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>W-03</u> <u>994-1488</u>			
1. Corporation Name Matos Motor Works, inc.			
2. Principal Office Address 16855 NW 37 AVE		3. Mailing Office Address 16855 NW 37 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Carol City, FL		City & State Carol City, FL	
Zip 33055	Country Dade	Zip 33055	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/30/94		5. FEI Number 65-0460328	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name Franklin Matos		
Street Address (P.O. Box Number is Not Acceptable) 16855 NW 37 AVE		
Suite, Apt. #, Etc.		
City Carol City	State FL	Zip Code 33055

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06/05/03--01024--015 ***00.00

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 Franklin Matos

Date 6-5-03

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.	JEAN KARLOS FROMETA	17231 N.W. 42 AVE	MIAMI FL 33055
VP	FRANKLIN MATOS	17000 N.W. 42 AVE	MIAMI FL 33055

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 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: JEAN KARLOS FROMETA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)



Matos Motor Works, Incorporated
16855 North West 37 Avenue
Carol City Florida 33055

June 02, 2003

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Department

I Franklin Matos, president of Matos Motor Works, Inc. am requesting that my reinstatement fee be waived. The request for this action is due to the fact that I possessed a change of residence so I did not receive any of the previous paperwork or notices sent. I have also enclosed an application for reinstatement along with a check for the amount required. Your review of this information will be greatly appreciated. If by any means the information provided is insufficient, please do not hesitate to contact me so that I may provide you with further assistance.

Regards,

Franklin Matos
(305) 620-0157