

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

96 DEC 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020093

1. Corporation Name

DON MATHEWS ENTERPRISES INC.

Principal Place of Business

Mailing Address

1266 US 41 BYPASS
#103
VENICE FL 34292
US

20 CIRCLEWOODS DR #B
VENICE FL 34293

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0490434

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MATHEWS, DONALD E	20 CIRCLEWOODS DR #B	VENICE FL
VP	MATHEWS, MICHAEL M	20 CIRCLEWOODS DR. #B	VENICE FL
ST	MATHEWS, PAMELA E	20 CIRCLEWOODS DR #3	VENICE FL
D	JOHNSON, MONICA	20 CIRCLEWOODS DR. #B	VENICE FL
D	ALLEN, MELISSA M	20 CIRCLEWOODS DR #B	VENICE FL
			JB 12-31-96

8. Name and Address of Current Registered Agent

MATHEWS, DONALD E
20 CIRCLEWOODS DR #B
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

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

600002049786--7

Suite, Apt. #, Etc.

01/08/97-01014-006

***375.00 ***375.00

City

State

Zip Code

FL

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

Donald E. Mathews

REGISTERED AGENT MUST SIGN

Date 12-24-96

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:

Donald E. Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-96

Date

941 497 2116

Daytime Phone #