	PLEASE RE	AD ALL INST	BUCTIONS	BEFORE C	OMPLET	ING, THE PAI	M	
APPLICATION FLORIDA			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			AND		
DO 4000 COO CO					1996 DEC 31 PM 12: 26			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MATHIS LAW FIRM, P.A.								
Principal Place of Business Maliing Address			958		1			
1			604 Spring Run ave Rlando Fl 32819				ļ·.	
If above addresses are incorrect in any way, line through incorrect information and enter correction bel 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 1/16/1994			
Suite, Apt. #, etc. Suite			e, Apt. #, etc.		{		11/16/1994 Applied For	
City & State	6	City & State	City & State		54-3	284420	Not Applicable	
Zip	Country Zlp		Country		CERTIFICATE OF STATUS DESIRED S8755 Additional real required to a control of the			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip							hu/Stata/7io	
D	2		3 (Do NOT Use F 5504 SPRING RUN		dumbers) 4 ORLANDO FL S2819			
				·····	<u>.</u>			
					6000020491167 -01/07/97-01144019			
:							****575.00 *****575.00	
							650)012	
				REINSTATEMENT				
8. Name and Address of Current Registered Agent 9. Name and Address of Now Registered Agent								
MATHIS, JACINTA M					(P.O. Box Number is Not Acceptable)			
ODI ANIDO EL 22010					Street Address (P.O. Box Number is Not Acceptable) Suito, Apt. #, Etc.			
•			City State Zip Code					
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.								
Registered Agent JACINTA M. MATHES GISTERED AGENT MUST SIGN Date December 30, 1996								
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)								
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No								
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I contrib that a man of licer or director or the receiver or trustee employers 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 allies owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect as if made under eath.								
SIGNA	BIGNATURÉ AND TYPE	SIGNING OFFICER OR DIRECTOR			12/30/96 (4 Date	107) 363-4519 Dayline Phone #		
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