

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 NOV 29 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089071

1. Corporation Name

MATI CORP.

2. Principal Office Address

1619 PERIWINKLE WAY

Suite, Apt. #, etc.

SUITE 102

City & State

SANIBEL, FL

Zip

33957

Country

U.S.A.

3. Mailing Office Address

1619 PERIWINKLE WAY

Suite, Apt. #, etc.

SUITE 102

City & State

SANIBEL, FL

Zip

33957

Country

U.S.A.

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1994

5. FEI Number

65-0693454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

THOMAS R. LOUWERS

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

1619 PERIWINKLE WAY

Suite, Apt. #, Etc.

SUITE 102

City

SANIBEL

State  
**FL**

Zip Code

33957

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

*Thomas R. Louwers*

REGISTERED AGENT MUST SIGN

Date NOV 22-00

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
D	JUERG HERMANN	IM NOLL 41	4148 PFEFFINGEN, SWITZERLAND
			LS

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:

*Juerg Hermann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 22/00

Daytime Phone #

941-414182

CR2081 (9/99)