

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 FEB -6 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045928**

1. Corporation Name

MATRIX ADVISORS, INC.

Principal Place of Business

Mailing Address

XXXXXX
XXXXXX
XXXXXX
XXXXXX
XXXXXX

XXXXXX
XXXXXX
XXXXXX
XXXXXX
XXXXXX



REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable
412 N. Halifax Ave.

3. New Mailing Office Address, If Applicable
412 N. Halifax Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1995

Suite, Apt. #, etc.
Daytona Beach

Suite, Apt. #, etc.
Daytona Beach

5. FEI Number

59-3336273

Applied For

Not Applicable

City & State
Florida

City & State
Florida

Zip
32118

Country
USA

Zip
32118

Country
USA

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
Pres.	Lawrence W. Borns, Esq.	412 N. Halifax Ave.	Daytona Beach, FL 32118
Sec.	same		
Treas.	same		
Dir.	same		

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02/11/97 01156 083

****923.75 ****923.75

JB2-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, ROBERT E ESQ.
555 WEST GRANADA BLVD.
SUITE A-9
ORMOND BEACH FL 32174

Name

Lawrence W. Borns, Esq.

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

412 N. Halifax Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

Lawrence W. Borns

REGISTERED AGENT MUST SIGN

Date **2/4/97**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence W. Borns

2/4/97

Date

(904) 252-6408

Daytime Phone #