

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96 000012453*

1. Corporation Name
MATRIX PRODUCTIONS INC

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 100 South Pinellas Ave Suite, Apt. #, etc. Suite 18 City & State Tarpon Springs, FL Zip 34689 Country U.S.	3. New Mailing Office Address, If Applicable 100 South Pinellas Ave Suite, Apt. #, etc. Suite 18 City & State Tarpon Springs, FL Zip 34689 Country U.S.	4. Date Incorporated or Qualified To Do Business in Florida February 26, 1996	5. FEI Number 59-3414392	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$0.75 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)			
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	Sam Toney	16113 Turnbury Oak	000002467060-4 -03/24/98--01097--012 ****900.00 ****900.00 Odessa, FL 33556
V	Emmanuel Gonatos	1418 Tallahassee Dr	Tarpon Springs, FL 34689
S	George Boulahanis	462 S. Florida Ave	Tarpon Springs, FL 34689
T	Bobby Paflos	2074 ORANGESIDE RD.	Palm Harbor, FL

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8. Name and Address of Current Registered Agent Sam Toney 16113 Turnbury Oak Odessa, FL 33556	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *Sam Toney* Date: _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* 3-9-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (1/98)