

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
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 # **P96000012453**

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 ☐

\$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
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

8. Name and Address of Current Registered Agent

Sam Toney
16113 Turnbury Oak
Odessa, FL 33556

REINSTATEMENT

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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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-98

Date

Daytime Phone #

CH2040 (1/96)