	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FOR	RM.	
,	PLICATION FOR STATEMENT	FLORID	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			LED		
DOCUMENT # P96000025503  1. Corporation Name					99 JAN -7 AM 11:57			
MAT-TI	ELL COMMUNICATIONS			SECRETA TALLAHA	ARY OF STATE SSEE, FLORIDA			
2301 COLLI	ace of Business NS AVENUE CH FL 33139	Mailing Address  2301 COLLINS AVENUE MIAMI BEACH FL 33139						
		ough incorrect information and enter correction below.			REINSTATEMENT 96			
	ncipal Office Address, If Applicable	New Malling Office Address, If Applicable     Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida  03/22/1996  5. FEI Number Applied For			
City & State	Country	City & State  Zip Country		,	65-0658494		<del> </del>	Applicable ee required
7. Names		Director (Florida nonprofit corporations must list at			ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors	Street Address o Officer and/or Di 3 (Do NOT Use Post Office I			or City / State / Zip			
D	DIVERONICA, MICHAEL 2301 COL			AVE. MIAMI BEAC			FL 33139	
					500802743495 5 -01/15/9801030009 ****158.75 ****158.75			
	8. Name and Address of Current Registered Agent				####608.75 ####608.75			
GREENSPOON, GERALD  100 WEST CYPRESS CREEK RD. SUITE 700 FT. LAUDERDALE FL 33309				Name  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City  State Zip Code				
10. I, being Signature o Registered	Agent	e named corpo	ention, am familiar wit	n and accept the ob VIRED	oligations of Section		· · · · · · · · · · · · · · · · · · ·	
	is corporation owes or ha angible Personal Propert			Yes 🗌	No 🛛		er side for information intangible tax.)	n
this rein: owed by	that I am an officer or director or the receivestatement application, the reason for dissort the corporation have been paid and the repplication is true and accurate, and my sig	ution has been ames of individ	eliminated, the corpor uals listed on this form	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 or 6	17.0401, F.S., that a	li fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prione #								

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