

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

01 OCT 31 PM 12:33

DOCUMENT # **P97000008897**

1. Corporation Name  
**MATRIX 2000 GROUP INC.**

Principal Place of Business P.O. BOX 444 GENEVA FL 32732	Mailing Address P.O. BOX 444 GENEVA FL 32732
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

06-29-01 90004 007 \$150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/24/1997
5. FEI Number	59-3453200
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HARBANS, KAUR	1016 VANNESSA DR.	OVIEDO FL 32765

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KAUR, HARBANS 2069 HOUNDSLAKE DRIVE WINTER PARK FL 32792		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: *Harbans Kaur* **SIGNATURE REQUIRED** Date: 10/24/01  
 REGISTERED AGENT MUST SIGN

11. 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: *Harbans Kaur* **SIGNATURE REQUIRED** Date: 10/24/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

**MATRIX 2000 GROUP. INC**  
**P.O. BOX 444**  
**GENEVA, FL 32732**

October 23, 2001

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

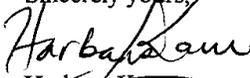
Reference #: P97000008897; Matrix 2000 Group Inc.

Dear Sir/Madam:

We received your Notice of Dissolution and we hope that it was sent in error. I spoke to your representative and informed her that we had sent check #1192 for \$150 in May. After that we had received correspondence from your office about further charges to be paid on this account. We had sent in a letter dated August 7, 2001 (please see attached) to explain our situation. We did not hear back and thought the matter was resolved until we received your current notice.

Please find attached letter and renewal notice. We do not want to dissolve the corporation. We would appreciate your cooperation pertaining this matter. Thank you We are in receipt of your letter on the annual report/uniform business report that we had

Sincerely yours,

  
Harbans Kaur

**MATRIX 2000 GROUP INC.**  
**P.O. BOX 444**  
**GENEVA, FL 32732**

August 7, 2001

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference #: P97000008897; Matrix 2000 Group Inc.

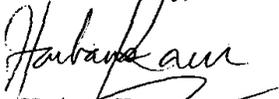
Dear Sir/Madam:

We are in receipt of your letter on the annual report/uniform business report that we had filed and have the following concerns and would like to request some consideration.

Unfortunately we were unable to file the report by May 1<sup>st</sup>, as I was out of the country since April on a family emergency until end of May. As soon as I realized that the report had not been filed, I submitted the report. Since it was unexpected trip, I was unable to direct anyone to complete it either. Proof of travel is available upon request.

Due to the unusual circumstances, we would like your department to consider waiving the late fee. We would appreciate any consideration and cooperation. Thank you.

Yours sincerely,

  
Harbans Kaur