


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 12:33

DOCUMENT # **P97000008897**

1. Corporation Name

MATRIX 2000 GROUP INC.

Principal Place of Business

Mailing Address

P.O. BOX 444
GENEVA FL 32732

P.O. BOX 444
GENEVA FL 32732



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

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

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 3	City / State / Zip 4
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 HOUNSLAKE DRIVE
WINTER PARK FL 32792

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

Harbans Kaur
REGISTERED AGENT REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01

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

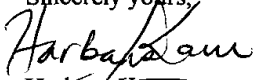
Reference #: P97000008897; Matrix 2000 Group Inc.

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.

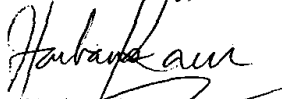
Dear Sir/Madam:

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 1st, 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