

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 NOV 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036289

1. Corporation Name

MATROSE, INC.

Principal Place of Business

1211 W. FLETCHER AVE.
TAMPA FL 33612

Mailing Address

1211 W. FLETCHER AVE.
TAMPA FL 33612



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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

clo The Jungle
3703 Henderson Blvd.
City & State Tampa FL
Zip 33609

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. same
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/23/1997

5. FEI Number

59-3442106

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)

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
PID	Arthur Rosenheck	3703 Henderson Blvd, Tpa, FL 33609	Tpa, FL 33609
STID	Paquale Matassini	10111 Hampton Pl, Tpa, FL 33618	Tpa, FL 33618
			700002695917--4
			-11/24/98-01095-023
			****750.00 ****750.00
			11-20-98

8. Name and Address of Current Registered Agent

MOONEY, MARK F
1211 W. FLETCHER AVE.
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name Arthur Rosenheck
Street Address (P.O. Box Number is Not Acceptable) 3703 Henderson Blvd.
Suite, Apt. #, Etc.
City Tpa State FL Zip Code 33609

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/18/98

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98

CR2EM40 (9/98)