

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004900

1. Corporation Name

MATCHTON FINANCIAL GROUP, INC.

Principal Place of Business

2788 SW 10 ST.
BOYNTON BEACH FL 33426

Mailing Address

2788 SW 10 ST.
BOYNTON BEACH FL 33426

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1998

5. FEI Number

65-0807192

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

MATCHTON, BRETT S

2788 SW 10 ST.

BOYNTON BEACH FL 33426

0000008735210
10/31/02--01119--009 **150.00

8. Name and Address of Current Registered Agent

MATCHTON, BRETT S
2788 SW 10 ST.
BOYNTON BEACH FL 33426

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02 5617325580

CR2E040 (8/02)

MATCHTON FINANCIAL GROUP INC.
LICENSED MORTGAGE BROKERAGE BUSINESS

BRETT MATCHTON

To Whom it May Concern:

I never recieved the
first notice, Due: 4-30-02

I am enclosing a check
for (\$ 150.00) One hundred and fifty
dollars to reinstate my corporation.

Sincerely

Brett Matchton

(1- 561-737-5580)