

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023208

1. Corporation Name

ECONOMATRIX, INC.

Principal Place of Business

Mailing Address

884 W 72 PLAE
HIALEAH FL 33014

884 W 72 PLAE
HIALEAH FL 33014

501 BRICKELL Key Drive #502
MIAMI, FL. 33131

SAME

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 502

501 BRICKELL Key Dr. #502

City & State

City & State

MIAMI FL

MIAMI FL

Zip
33131

Country
USA

Zip
33131

Country
USA

5. FEI Number

65-0825843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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	2	3	4
PD	ESPINO, MARIA D	884 W 72 PLAE 9410 SW 24ST	HIALEAH FL 33014 MIAMI, FL 33165
D	FRESEN, EDGAR A	284 STARMOUNT DR	TALLAHASSEE FL 32303
STD	ESPINO, MARIA D	884 W 72 PLAE 9410 SW 24ST	HIALEAH FL 33014 MIAMI, FL 33165
			100003135961--1 -04/04/00--01100--011 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPINO, MARIA D
884 W 72 PLAE
HIALEAH FL 33014

Name

MARIA D ESPINO

Street Address (P.O. Box Number is Not Acceptable)

9410 SW 24ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Maria D Espino
REGISTERED AGENT MUST SIGN

Date 1/27/00

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:

Maria D Espino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (305)

Date

Daytime Phone #

2628-6791

KE

CR2EN-0 (8/93)