PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 30 PM 1:22

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P98000066252

MATRIX INTERNATIONAL GROUP, INC.
c/o Roth, Rousso & Benjamin, P.A.
9350 S. Dixie Highway - PH2
Miami, Florida 33156

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: Lisette Pie Salazar, P.A.
1390 Brickell Ave, Suite 200
City and State: Miami, Florida 33131 Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida: July 28, 1998

5. FEI Number: 650855420

FEI Number Applied For
FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	Horacio Castro, Carlos	1390 Brickell Avenue Suite 200	Miami, Florida 33131
DVT	Michelli, Ricardo	1390 Brickell Avenue Suite 200	Miami, Florida 33131

REINSTATEMENT 00
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****750.00 ****750.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Roth, Rousso & Benjamin, P.A.
9350 S. Dixie Highway - PH2
Miami, Florida 33156

9. If changed, new registered agent / office

Name: Lisette Pie Salazar, P.A.

Street Address (Do NOT Use P.O. Box Number): 1390 Brickell Avenue, Suite 200

Street Address (Do NOT Use P.O. Box Number):

City: Miami State: FL. Zip: 33131

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 _____ Date 11-29-00
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 11-29-00 Daytime Phone # (305) 371-5540