

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

112

05 NOV -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 098000069224

1. Corporation Name

Matthews G.P. Corp., Inc.

2. Principal Office Address

6134 Bear Trail

Suite, Apt. #, etc.

City & State

Weeki Wachee, FL

Zip

34607

Country

USA

3. Mailing Office Address

6134 Bear Trail

Suite, Apt. #, etc.

City & State

Weeki Wachee FL

Zip

34607

Country

USA

REINSTATEMENT

02-56

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-04-1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph E. Matthews III

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

6134 Bear Trail

Suite, Apt. #, Etc.

City

Weeki Wachee

State

FL

Zip Code

34607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph E. Matthews III
REGISTERED AGENT MUST SIGN

Date 11/01/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>Joseph E. Matthews III</u>	<u>6134 Bear Trail</u>	<u>Weeki Wachee FL 34607</u>

600061253126
11/08/05--01046--006 **600.00

10. 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:

Joseph E. Matthews III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/2005

Daytime Phone #

K. Eckel NOV - 9 2005

2/2

Thursday, November 03, 2005

To Whom It May Concern:

Last week I had a conversation with the state on the Matthews G.P. Corp., Inc. It was noted by the state that the notice was returned to the State. We were unaware of this and did not file in time. Please reinstate the Matthews G.P. Corp., Inc. per our conversations without any penalties. I have enclosed the check for \$600.00

Thanks You,


Joseph E. Matthews III