3224 Duyal 3224 Duyal Survey Duyal 3224 Duyal CERTIFICATE OF STATUS DESIRED Street Additional Fee require for a Certificate of Status  7. Name and Address of Current Registered Agent  Name    Name   Ammella   Clay	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
DOCUMENT # P9800078165  1. corporation Name  Matai, Inc.  2. Principal Office Address 13947 Buch Bld Address in Florida  To Do Business in Florida  9/4/98  5. FEINMENT 99-00  Suite, Apt. 4, etc.  # LOY  City & State  Tackson of the Part Suite Address in Florida  7. Name and Address of Current Registered Agent  Name  PAMMELL  Clay Harris  Street Address P.O. Box Number is Not Acceptable)  13947 Buch Bld  Suite, Apt. 4, Etc.  # LOY  City Tickson of the above numed convocation, an familiar with and accept the addigations of section 607 4505 or 617 4503, F.S.  Signature of Registered Agent  PAMMELL  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Officers and/or Directors  Office	CORPORATION	Katherine Harris Secretary of State	FILED  SECRETARY OF STATE  SECRETARY OF STATE  OF CORPORATIONS  OF MAR 30 AH IO: 23	
2. Principal Office Address   1347   Beach   Blue flow   1347   Beach   Blue flow flow flow flow flow flow flow flow	1. Corporation Name			
Suite, Apt. #, etc.  # 104  Suite, Apt. #, etc.  # 104  A. Date Incorporated or Qualified To Do Business in Florida  9/4/98  City & State    Second   Registered Agent   Street Addresses of Each Officer and/or Directors    Street Addresses of Each Officer and/or Directors   Singular Park   Street Addresses of Each Officer and/or Directors   Singular Park   Street Addresses of Each Officer and/or Directors   Street Addresses of Each	2. Principal Office Address 3. Ma	ailing Office Address		
# 104 # 104 # 104 # 104 # 104 # 105 Black proposated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   4. Date Incorporated or Qualified To Do Business in Florida # 194   195   19		71 0000 0100 ,	CHASIAICHEN 77-00	
Street Address (P.O. Box Number is Not Acceptable)   Street Address of Section 607.0505 or 617.0503, F.S.      Street Address (P.O. Box Number is Not Acceptable)   Street Address of Each Officer and/or Directors   Street Address of Each Officer and/or Director   Street Address of Each Officer and/or Director   Street Address of Each Officer and/or Director   Street Address of Each Off	#104	#104	4. Date Incorporated or Qualified To Do Business in Florida 9/4/98	
Steel Address (P.O. Box Number is Not Acceptable)   Steel Address (P		_	5. FEI Number Applied For Not Applicable	
Name   Pammella   Clay - Harris   Clay - Har	· · · · · · · · · · · · · · · · · · ·		6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)   *****900.00   *****900.00     Suite, Apt. #, Etc.	7. Name and Address of Current Registered Agent			
State   Zip Code   32224  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   P. Control   Hamila   P. Control   P	Pamme			
Signature of Registered Agent P. Co. Hamis  Registered Agent P. Co. Hamis  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  PD7 PAmmilla Clay Hamis Bays Beach Blow Jacksonvilla FC 3004  VD MACK Clay 13947 Beach Blow Hamis Clay Hamis Bays Back Blow Hamis Clay Company Bays Back Blow Blow Bays Bays Back Blow Blow Bays Bays Bays Bays Bays Bays Bays Bays	City State Zip Code			
REGISTERED AGENT MUST SIGN  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  Officer and/or Director  PD7  PAMMILL  Clay  Harrint  13947  Beach  Bloy  Tacksonville  FC 32014  VD  MARK  Clay  13947  Beach  Bloy  Bloy  Lay  Lay  Lay  Lay  Lay  Lay  Lay  L	8. I, being appointed the registered agent of the above named	d corporation, am familiar with and accept the ob-	oligations of section 607.0505 or 617.0503, F.S.	
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  City/State/Zip  PD7 PAMMILLA Clay Harris 13947 Beach Officer and/or Director  VD MARK Clay 13947 Beach Blod #104  Lay  Lay  Lay  Lay  Lay  Lay  Lay  La	Registered Agent	ED AGENT MUST SIGN	Date 3-28-00	
PD7 PAMMILLA Clay Harrist Beach Blog How Jacksonville FL 3224  VO MARK Clay 13947 Beach Blog #104	9. Names and Street Addresses of Each Officer and/or Direct	tor (Florida nonprofit corporations must list at lea	ast 3 directors)	
VO MARK Clay 13947 Beach BIND #104				
TOTAL STEEL PLANTS	PDT PAMMella Clay-Ham	1 13947 Beach Blo)	#loy Jacksonville, fc 3224	
SO Roberto Clay 14 1. " " " " " " " " " " " " " " " " " "	VO MARK Clay	13947 Beach Bl-) #	104 6	
MWS	SO Roberto Clay	ty 1.4 c.	Ce S C. C.	
WI WS			\ <u>A</u>	
			W/14/5	
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 filling 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	this reinstatement application, the reason for dissolution ha	as been eliminated, the corporate name satisfies	the requirements of section 607.0401 or 617.0401, F.S., that all fees	

P. Cot Henrie Panin ELLA C. HATERIS 904773-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3 25 -050 Daytime Phone #