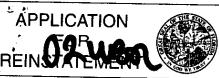
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000106613**

Corporation Name

DEMATTEIS GROUP, INC.

Principal Place of Business

Mailing Address

622 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701 622 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED

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3 11	formation a	and enter correction below.	10/30	D OOO8623 8)/0201001014	**150.00	
New Mailing Office Address, If Applicable Suite, Apt. #. etc.		Date Incorporated or Qualified To Do Business in Florida 01/01/1999				
			5. FEI Numbe		· ·	
City & State			┤~- <u>~-</u>	59-3546825	Applied For	
Zip		Country		E OF STATUS DESIRED () \$8.7	75 Additional Fee required or a Certificate of Status	
nd/or Director (Florio	da nonprofi	it corporations must list at le	east 3 directors)			
	3	Street Address of Eac	h	City / Sta	ate / Zip	
D DEMATTEIS, RHONDA 182		2 BRISTOL POINT		LONGWOOD FL 32779		
	K	ulb				
DEMATTEIS, RHONDA 182 BRISTOL POINT LONGWOOD FL 32779		Name				
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
ove named corporati	ion, am fan	miliar with and accept the ob	oligations of Section	i 5 1		
	Zip nd/or Director (Flori	zip nd/or Director (Florida nonprof 3 182 BRIS	City & State Zip Country Ind/or Director (Florida nonprofit corporations must list at let a Street Address of Eac Officer and/or Director 182 BRISTOL POINT Int Registered Agent Name Street Address (Florida nonprofit corporations must list at let a street and/or Director 182 BRISTOL POINT Name Street Address (Florida nonprofit corporations must list at let a street and/or Director 182 BRISTOL POINT	Suite, Apt. #, etc. City & State Zip Country Certificat. Street Address of Each Officer and/or Director 182 BRISTOL POINT 182 Registered Agent 9. Name and A Name Street Address (P.O. Box Number is Suite, Apt. #, Etc. City	Suite, Apt. #, etc. City & State Zip Country Street Address of Each Officer and/or Director 182 BRISTOL POINT LONGWOOD FL 32779 City / State Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City City State FL Cover named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505,	

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02

407831-811

Daytime Phone #



10-20-2002

Department of State
Application for Reinstatement

Please reinstate my Corporation: DEMATTEIS GROUP, INC. I did not receive the notices for payment, only the notice of revocation. I pay all of my bills promptly and would have paid this if I had received it.

I called your Customer Service # and they told me to attach this letter with the regular fee and my Corporation would be reinstated.

If you have any questions or problems, please call me at (407)831-8111.

Thank you.

Rhonda DeMatteis

President of DeMatteis Group Inc.

Thank your

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13 Call. 275 P. Jan 38

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