

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106613

1. Corporation Name

DEMATTEIS GROUP, INC.

Principal Place of Business

622 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701

Mailing Address

622 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3546825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEMATTEIS, RHONDA	182 BRISTOL POINT	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

DEMATTEIS, RHONDA
182 BRISTOL POINT
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Rhonda DeMatteis
REGISTERED AGENT MUST SIGN

Date

10/20/02

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:

Rhonda DeMatteis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02

Date

Daytime Phone #

407831-8111

CR2E040 (8/02)



Allstate.

You're in good hands.

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.

ALLSTATE GROUP, INC.

ALLSTATE GROUP, INC.

ALLSTATE GROUP, INC.

ALLSTATE GROUP, INC.