

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000002438

1. Entity Name
MATHEWS AND SONS, INC.



FILED

10 NOV -5 PM 3:54

SIGNATURE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 W JEFFERSON STREET
QUINCY, FL 32351

Mailing Address
215 W JEFFERSON STREET
QUINCY, FL 32351



11052010 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3549279

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS, ANTHONY D
182 SPARKLE BERRY DR
QUINCY, FL 32352

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Anthony D. Mathews

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-5-10

FILE NOW!!! FEE IS \$750.00
After January 1, 2011, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MATHEWS, ANTHONY
STREET ADDRESS 182 SPARKLE BERRY DR
CITY-ST-ZIP QUINCY, FL 32352

TITLE V ☐ Delete
NAME MATHEWS, SR., HOWARD
STREET ADDRESS RT 4 BOX 1145
CITY-ST-ZIP QUINCY, FL 32351

TITLE S ☐ Delete
NAME MATHEWS, MARY
STREET ADDRESS 182 SPARKLE BERRY DR
CITY-ST-ZIP QUINCY, FL 32352

TITLE T ☐ Delete
NAME MATHEWS, JR., HOWARD
STREET ADDRESS RT 4 BOX 1145
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Add ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900187504649
11/08/10--01001--018 **750.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-10

Date

(850) 556-2303

Telephone #