

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 23 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400005729744--8

-06/11/02--01002--024

***1050.00 ***1050.00

DOCUMENT # P99000055303

1. Corporation Name

MATTHEWS CONSIGNMENTS, INC.
d/b/a Auntie Rita's Consignments

2. Principal Office Address

7337 S.W. 107 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

7337 SW 107 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

06-17-99

5. FEI Number

05-0927425

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

RITA ANSON

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

7337 SW 107 Ave.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33173

900.00 - ADM

61.25 - AG

88.75 - ARSUPP

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

Rita Anson
REGISTERED AGENT MUST SIGN

Date 5/20/02

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Rita Anson | 7337 SW 107 Ave. | Miami, FL 33173 |
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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:

Rita Anson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02
Date

305-279-7317
Daytime Phone #

CR2E081 (9/01)