


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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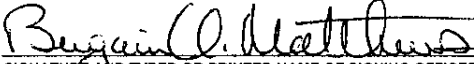
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S13778			
1. Corporation Name Matthews Properties, Inc.			
2. Principal Office Address One Sarah Way		3. Mailing Office Address One Sarah Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hingham, MA		City & State Hingham, MA	
Zip 02043	Country USA	Zip 02043	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/19/1990	
5. FEI Number 59-3040517	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Christopher H. Norman, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 315 South Hyde Park Avenue		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33606

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  Christopher H. Norman	Date 1/30/2004

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
PSTD	Benjamin A. Matthews	One Sarah Way	Hingham, MA 02043
D	David J. Matthews	80 Skyline Drive	Ely, VT 05045
D	Patricia A. Matthews	26 Park Street	Norwood, NY 03668
D	Deborah M. Johnson	250 Skyline Drive	Fairlee, VT 05045
REINSTATEMENT			

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Benjamin A. Matthews, President	Date February 9, 2004 (617)375-1723 Daytime Phone #

CR2E081 (10/02)