

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 14 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800030562098

03/16/04--01050--007 **1350.00

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

\$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
Christopher H. Norman REGISTERED AGENT MUST SIGN

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

00-04-T. Lewis 4/14/04

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:

Benjamin A. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Benjamin A. Matthews, President

February 9, 2004

Date

(617)375-1723

Daytime Phone #

CR2E081 (10/02)