

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 -1 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S47276**

1. Corporation Name

**MATCH THE DEALER, INC.**

2. Principal Office Address

**1980 N. ATLANTIC AVE**

Suite, Apt. #, etc.

**# 308**

City & State

**COCOA BEACH, FL**

Zip

**32931**

Country

**USA**

3. Mailing Office Address

**P.O. Box 321355**

Suite, Apt. #, etc.

**-**

City & State

**COCOA BEACH, FL**

Zip

**32932-1355**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/23/1991**

5. FEI Number

**59-3063602**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300005500713--9

-05/09/02--01055--021

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

**ANTONIO LAURETTA**

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

**#308, 1980 N. ATLANTIC AVE**

Suite, Apt. #, Etc.

**# 308**

City

**COCOA BEACH**

State

**FL**

Zip Code

**32931**

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

**Antonio Laurretta**

REGISTERED AGENT MUST SIGN

Date **4-30-2002**

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
PD	ANTONIO LAURETTA	<b>#308 1980 N. ATLANTIC AVE</b>	<b>COCOA BEACH, FL 32931</b>
VPD	ROBERT W. KELLY	<b>1760 E. CENTRAL AVE</b>	<b>MERRITT ISLAND, FL 32952</b>
VPD	KENT G. EVANS	<b>117 W. OSCEOLA LANE</b>	<b>COCOA BEACH, FL 32931</b>
STD	JAMES W. FERGUSON	<b>#814 3400 OCEAN BEACH BLVD</b>	<b>COCOA BEACH, FL 32931</b>

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)(j), 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:

**Antonio Laurretta**

**ANTONIO LAURETTA**

**04-30-2002 3217990873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

ps 5/8/02

DALCO, Inc.  
P.O. Box 321355, Cocoa Beach, FL 32932-1355

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April 30, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #G52824


To Whom It May Concern:

Please be advised that we relocated and did not receive our Corporate filing package in 2001 and 2002.

I was advised by phone from your Reinstatement Dept. that a check for \$300.00 was necessary to complete the reinstatement.

Check for \$300.00 and the Reinstatement form are enclosed.

Sincerely,

  
Antonio Laurretta  
Registered Agent/President