

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V08045**

1. Corporation Name

MATRIX COMPONENTS, INC.

Principal Place of Business

Mailing Address

**1701 CLINT MOORE ROAD
BOCA RATON, FLORIDA 33487 SAME**

REINSTATEMENT

96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0307878

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SEC.	YOON JUNG PARK	1701 CLINT MOORE ROAD	BOCA RATON, FL33487

200002167272--8
-05/06/97--01060--003
*******915.00 *****915.00**

8. Name and Address of Current Registered Agent

**YOON JUNG PARK
600 SOUTH FEDERAL HWY
DEERFIELD BEACH, FL 33441**

9. Name and Address of New Registered Agent

Name

YOON JUNG PARK

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

1701 CLINT MOORE ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State

Zip Code

FL

33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/1/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 taxes 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR