

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 21 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V60552*

1. Corporation Name

Mattox + Hood, P.A.

2. Principal Office Address

310 E. Bradford Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

[scribble]

Zip

32303

Country

Leon

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1992

5. FEI Number

59-3145107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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-07/28/00--01060--006

***1050.00 ***1050.00

7. Name and Address of Current Registered Agent

Name

Marie A. Mattox

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

310 E. Bradford Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

REINSTATEMENT 9800

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *7/21/00*

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
<i>President</i>	<i>Marie A. Mattox</i>	<i>310 E. Bradford Rd.</i>	<i>Tallahassee, FL 32303</i>

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:

Marie A. Mattox, President
[Signature]
Marie A. Mattox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 President

Date

(850) 383-4800

Daytime Phone #

CR2E081 (9/99)