

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 20 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L25706

1. Corporation Name

MA-AU-RO, INC.

Principal Place of Business

Mailing Address

2400 E. Commercial Blvd  
Ft. Lauderdale, FL 33308  
888 S E 3RD AVE  
SUITE 400  
FORT LAUDERDALE FL 33316  
US

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

888 S.E. 3rd Ave.

888 S.E. 3rd Ave.

Suite 400

Suite 400

Ft. Lauderdale FL

Fort Lauderdale, FL

33316

USA

33316

USA

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0156672

Applied For

Not Applicable

6. 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	2	3	4
Title(s)	Name of Officer and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	Claude Audemard	888 S.E. 3rd Ave. #400	Ft. Lauderdale, FL 33316
P	John Rolland	888 S.E. 3rd Ave. #400	Ft. Lauderdale, FL 33316

100002011711-4  
-11/22/96-01002-017  
\*\*\*375.00 \*\*\*375.00

*JB11-21-96*

8. Name and Address of Current Registered Agent

JOSEPH A. HUBERT  
2400 E. Commercial Blvd.  
Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name  
FREDERIC M. BARTHE, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
888 S.E. 3rd Ave.  
Suite, Apt. #, Etc.  
Suite 400  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33316

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

REGISTERED AGENT MUST SIGN

Date 11/06/96

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 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)(b), 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

*Joseph A. Hubert*  
Date 11/06/96  
Daytime Phone # (954) 781-1607