

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofr

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 PM 1:47

DOCUMENT #

M16271

1. Corporation Name

MASTER INTERNATIONAL SERVICES, INC.

2. Principal Office Address

8347 NW 68 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

USA

3. Mailing Office Address

8347 NW 68 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/3/85

5. FEI Number

59-2581950

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

PEDRO BLANCO LASSEN

000004435640--0

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

645 SW 2ND CT

-06/21/01--01086-008

***458.75 *** 58.75

Suite, Apt. #, Etc.

City

HOLLANDALE

State

FL

Zip Code

33009

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

Pedro Blanco

Date

5/30/01

REGISTERED AGENT MUST SIGN

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
P/C/D	PEDRO BLANCO	645 SW 2ND CT	HOLLANDALE, FL 33009
S	PEDRO BLANCO	645 SW 2ND CT	HOLLANDALE, FL 33009

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)(l), 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:

Pedro Blanco

5/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

20FZ

MASTER INTERNATIONAL SERVICES INC.
8347 NW 68 STREET MIAMI, FL. 33166
PH:305-477-6260 FAX:305-477-8982

June 4, 2001

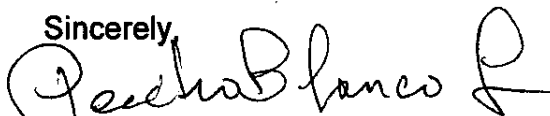
Department Of State
Division Of Corporation
Reinstatement Department
PO BOX 6327
Tallahassee, Fl. 32399

Dear Reinstatement Officer;

Enclosed Corporation Reinstatement form and check number 1209 for a total of \$458.75 to be directed towards reinstatement fee and Certificate of Status. Please consider the amount of \$450.00 since we did never received 1999 form by mail, nor we were notified of our status in any other way.

I would greatly appreciate your consideration in accepting the enclosed amount as reinstatement fee.

Sincerely,



Pedro Blanco