

Florida Department of State
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To: Division of Corporations
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From: *Angelica M. Chiru, Paralegal*
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Email Address: *achiru@arhmf.com*

**CORPORATION REINSTATEMENT
TERZETTO MASTER ASSOCIATION, INC.**

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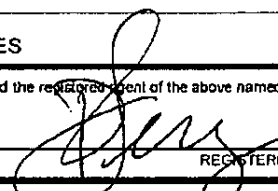
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 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 JUN 28 AM 8:00	
DOCUMENT # N07000003921 1. Corporation Name TERZETTO MASTER ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 18430 NE 27TH COURT Suite, Apt. #, etc.		3. Mailing Office Address 18430 NE 27TH COURT Suite, Apt. #, etc.		REINSTATEMENT 09-10 KS 4. Date Incorporated or Qualified To Do Business in Florida 04/17/2007 5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City & State AVENTURA, FL		City & State AVENTURA, FL			
Zip 33160	Country USA	Zip 33160	Country USA		
7. Name and Address of Current Registered Agent Name INTERAMERICAN CORPORATE SERVICES LLC Street Address (P.O. Box Number is Not Acceptable) 2525 PONCE DE LEON BLVD. Suite, Apt. #, Etc. SUITE 1225 City CORAL GABLES					
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:  Patricia M. Hernandez, Manager Date 06/25/2010 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		
DP	PEDRO MAX	780 NW 42 AVE STE 400	MIAMI, FL 33126		
DVP	CARLOS SANDINO	780 NW 42 AVE STE 400	MIAMI, FL 33126		
DST	LARRY BENTON	780 NW 42 AVE STE 400	MIAMI, FL 33126		
10. E-mail Address: achiu@arhmf.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of 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, I further certify, 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 J. Max, President		Date: 6/25/10		Daytime Phone #: (305) 569-5945	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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