

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

98 JUL 17 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000051536

1. Corporation Name

M.A.S. Consolidation, Inc.

Principal Place of Business

Mailing Address

416 Main Street
 Trenton, FL 32693

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/30/95	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3327353	
Country		Country		Applied For	
		TRENTON FL		Not Applicable	
		32693 GILCHRIST		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

98-980
 7/17/98

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
D	Mary S. Bowman	22432 NW 78 Ave	Alachua, FL 32615
D	Mary W. Sullivan	820 NE 11 Ave	Ocala, FL 34470
D	Patricia A. Cassaletto	1831 SE 13 Street	Ocala, FL 34471
D	Robin H. Welch	5115 SW 31 Street	Ocala, FL 34474
			700002596867--1 -07/23/98--01082--015 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mary Steece Bowman
 12207 NW 8th Place
 Newberry, FL 32669

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Mary S. Bowman
 REGISTERED AGENT MUST SIGN

Date July 13, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(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:

Mary S. Bowman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 1998
 Date (904) 462-6311 Time Phone #

CR2E940 (1/98)