

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P95000051536**

1. Corporation Name

M.A.S. CONSOLIDATION, INC.

Principal Place of Business

416 MAIN STREET
 TRENTON FL 32693

Mailing Address

P.O. BOX 1267
 TRETON 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1985

5. FEI Number

50-3327353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	BOWMAN, MARY S	22432 NW 78TH AVE	ALACHUA FL 32615
D	SULLIVAN, MARY W	820 NORTHEAST 11TH AVENUE	OCALA FL 34470
D	CASSALETO, PATRICIA A	1831 SE 13TH STREET	OCALA FL 34471
D	WELCH, ROBIN H	5115 SOUTHWEST 21ST STREET	OCALA FL 34474

000003050040--9
 -11/13/99--01082--018
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWMAN, MARY STEECE
 12227 NW 8TH PLACE
 NEWBERRY FL 32669

Name
BOWMAN MARY STEECE
 Street Address (P.O./Box Number is Not Acceptable)
22432 NW 78 AV
 Suite, Apt. #, Etc.

City
Alachua State **FL** Zip Code **32615**

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 10/15/99

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 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
MARY S. BOWMAN

Date 10/15/99 (904) 462-6911
 Daytime Phone #

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 NOV -9 AM 11:55



REINSTATEMENT *95*

CR26940 (8/99)