

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAR 14 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47699**

1. Corporation Name

Master House, Corp.

2. Principal Office Address - No P.O. Box #

2331 NW 55 Terrace

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33142

Country

USA

3. Mailing Office Address

2331 NW 55 Terrace

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1984

5. FEI Number

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 **Patty Lee Jackson, Jr.**

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

2331 NW 55 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patty Lee Jackson Jr.
(REGISTERED AGENT MUST SIGN)

Date

3-10-08

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/T	Patty Lee Jackson Jr.	2331 NW 55 Terr.	Miami Fla 33142
VP			
D			
S			
M			

REINSTATEMENT

1984 - 2008

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 contained in Chapter 119, 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:

Patty Lee Jackson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-08

Daytime Phone #

(305)-3024535