

APPROVAL
AND
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JAN 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K666064**

1. Corporation Name

Masters Alc Corp.

800065828398
02/14/06--01033--001 **1715.00

2. Principal Office Address

480 West 83 street

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33014

Country

USA

3. Mailing Office Address

480 West 83 st

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33014

Country

USA

REINSTATEMENT

96-06

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/89

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

Juan Carlos Basulto

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

14811 Palmetto Palm Avenue

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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

Juan C Basulto

Date **1/23/06**

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
Pres	Juan Carlos Basulto	14811 Palmetto Palm Ave	Miami Lake, FL 33014

K. Eckel FEB 01 2006

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C Basulto

Date

1/23/06

Daytime Phone #

305-219-0666

2/2

1-23-06

Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I spoke to Tyrone Scott from your department on the phone last week, and he explained to me that I needed to reinstate my company.

I left the company that I was working for, and was not aware of the Annual Report being out dated and the name being dissolved.

I am really sorry for the delay and any inconvenience I may have caused you.

Please forgive me for my oversight, I had moved from my previous address, and I never received any of the renewal notices for the report since 1996.

He told me that you would waive the Reinstatement fee, since I never received a renewal form in the mail due to my change of address.

I told him I really needed to start my business again right away, because I am Married with 3 kids and need to provide for them, and he told me to send a check to you for \$ 1715.00 to reinstate my company, and to bring my account back up to date.

.. Please accept my check for the amount of \$1715.00, and please reinstate my company.

Thank you for all your help, sincerely



Juan Carlos Basulto