

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 JAN 18 PM 1:07

DOCUMENT # L01000020715

1. Limited Liability Company's Name
MAS HOLDING, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
9495 SUNSET DRIVE

3. Mailing Office Address
9495 SUNSET DRIVE

Suite, Apt. #, etc.
B275

Suite, Apt. #, etc.
B275

4. State/Country of Formation
FLORIDA/ USA

5. Date Organized or Qualified To Do Business in Florida
11/26/2001

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

6. FEI Number
03-0461580

Applied For
Not Applicable

Zip Country
33173 USA

Zip Country
33173 USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ALFREDO F. AYME
Street Address (P.O. Box Number is Not Acceptable)
9495 SUNSET DRIVE
Suite, Apt. #, Etc.
B275
City State Zip Code
MIAMI FL 33173

E-mail Address:

500243806315
01/18/13--01022--010 **546.25

AYME@MARTINEZAYME.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 01/17/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	ALFREDO F. AYME	9495 SUNSET DRIVE B275	MIAMI, FLORIDA 33173
MGRM	REYNALDO A. MARTINEZ	9495 SUNSET DRIVE B275	MIAMI, FLORIDA 33173

REINSTATEMENT - 2011 - 2013

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 01/17/2013 Daytime Phone # 305-271-3232

Typed or printed name of signing Managing Member/Manager ALFREDO F. AYME

CF