

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

Suite, Apt. #, etc.

B275

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

3. Mailing Office Address

9495 SUNSET DRIVE

Suite, Apt. #, etc.

B275

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified
To Do Business in Florida

11/26/2001

6. FEI Number

03-0461580

Applied For

Not Applicable

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

MIAMI

State

FL

Zip Code

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

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