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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTGlenda Hood
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

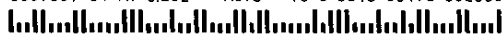
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1. DOCUMENT # L01000020715

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007337 01 AT 0.292 **AUTO TB 0 0615 33173-302080

MAS HOLDING, LLC
10300 SUNSET DRIVE, SUITE 380
MIAMI FL 33173-3020

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2001	
Principal Place of Business 10300 SUNSET DRIVE, SUITE 380 MIAMI FL 33173	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0461580 -APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent AYME, ALFREDO F 10300 SUNSET DRIVE, SUITE 380 MIAMI FL 33173		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024019134 10/22/03--01058--002 **150-00 City FL Zip Code			
10. 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 <u>SIGNATURE REQUIRED</u> Date 10-16-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
TD	AYME, ALFREDO	10300 SUNSET DR. STE 380	MIAMI FL 33173
PD	AYME, ALFREDO	10300 SUNSET DR. STE 380	MIAMI FL 33173
REINSTATEMENT 2003			
12. 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.			
Signature of Managing Member/Manager <u>SIGNATURE REQUIRED</u>		Date 10-16-03	Daytime Phone # 305-271-3232
Typed or printed name of signing Managing Member/Manager		ALFREDO F. Ayme	

CR2E034 (7/03)