

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000040957

1. Limited Liability Company's Name

MASA GROUP, LLC

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

17051 S.W. 49 STREET

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES

Zip
33331

Country
USA

3. Mailing Office Address

17051 S.W. 49 STREET

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES

Zip
33331

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/24/2003

6. FEI Number

56-2409654

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

MARCO ALEJANDRO GOMEZ

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

17051 S.W. 49 STREET

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State
FL

Zip Code
33331

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

REGISTERED AGENT MUST SIGN

Date

03/03/07

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 | MARCO ALEJANDRO GOMEZ | 17051 S.W. 49 STREET | SOUTHWEST RANCHES, FL 33331 |
| MGRM | JORGE A. AREIZA | 17051 S.W. 49 STREET | SOUTHWEST RANCHES, FL 33331 |
| MGRM | LUIS SANTIAGO SIERRA | 17051 S.W. 49 STREET | SOUTHWEST RANCHES, FL 33331 |
| MGRM | JORGE L. MARIN | 17051 S.W. 49 STREET | SOUTHWEST RANCHES, FL 33331 |
| REINSTATEMENT 05-07 500097215856 04/17/07--01036--019 **155.00 | | | |

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.

Signature of
Managing Member/Manager

Date **03/03/2007**

Daytime Phone # **(954) 302-3668**

Typed or printed name of signing Managing Member/Manager

MARCO ALEJANDRO GOMEZ