

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 20 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100162994881  
11/20/09--01005--022 \*\*416.25

CR2E041 (11/09)

DOCUMENT # 604000064771

1. Limited Liability Company's Name

MASA, LLC

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

1001 N. Monroe St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

FL

Zip

32301

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

08/30/2004

6. FEI Number

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 Masatoshi Nagashima

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

4708 Stoney Trail

Suite, Apt. #, Etc.

City Tallahassee

State  
FL

Zip Code  
32309

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

[Signature]

Date

11/20/09

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
MGR	Chienhong Ho	4767 Planters Ridge Rd	Tallahassee, FL 32311
MGR	Shawn Lee	2801 Chancellor Silver Dr	#327, Tallahassee FL 32312
MGR	Masatoshi Nagashima	4708 Stoney Trail	Tallahassee - FL 32309
MGR	John Ho	402 Vinewood Ridge	Tallahassee, FL 32303
MGR	Chiehchung Wang	4152 Carl Palmer Dr	Harrisburg, NC 28075

JB

11. E-mail Address:

(To be used for future annual report notifications)

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

[Signature]

Date

11/20/09

Daytime Phone #

893-4112

Typed or printed name of signing Managing Member/Manager

MG R

**REINSTATEMENT**

2007-09



272  
FILED

FLORIDA DEPARTMENT OF STATE 09 NOV 20 PM 3:38  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 20, 2009

MASA, LLC  
1001 N. MONROE ST.  
TALLAHASSEE, FL 32301

SUBJECT: MASA, LLC  
Ref. Number: L04000064271

We have received your document for MASA, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 209A00036191