

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 14 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000078550**

1. Limited Liability Company's Name

Mason Development LLC

CR2E041 (1/07)

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

1420 Pennsylvania Ave

Suite, Apt. #, etc.

304

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1420 Pennsylvania Ave

Suite, Apt. #, etc.

304

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

42-1650083

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 **Chad Crowell**

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

1420 Pennsylvania Ave Apt 304

Suite, Apt. #, Etc.

304

City

Miami Beach

State

FL

Zip Code

33139

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

9/25/07

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
President	Chad Crowell	1420 Pennsylvania Ave	Miami Beach, FL 33139

RECEIVED *[Signature]*
100112075851
11/07/07--01033--008 **300.00

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

[Signature]

Date

9/25/07

Daytime Phone #

305-674-1672

Typed or printed name of signing Managing Member/Manager

Chad E. Crowell