

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000085932

1. Entity Name
MASAR HOLDINGS, LLC



Principal Place of Business
C/O SEGREGO & WEISZ, ATTORNEYS AT LAW
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

Mailing Address
C/O SEGREGO & WEISZ, ATTORNEYS AT LAW
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #
10520 NW 26 St.
Suite, Apt. #, etc.
C 201

3. Mailing Address
10520 NW 26 St.
Suite, Apt. #, etc.
C 201

City & State
Doral, FL
Zip
33172
Country
U.S.

City & State
Doral, FL
Zip
33172
Country
U.S.

2007 MAY 30 P 1:53

STATE OF FLORIDA
TALLAHASSEE



05242007 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREGO, FRANK J ESQ
SEGREGO & WEISZ, ATTORNEYS AT LAW
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
Cabanas & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26 St. - Ste. C 201
City
Doral FL Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph F. Cabanas* Joseph F. Cabanas 05/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
ALFONZO, RICARDO MANUEL ☐ Delete
STREET ADDRESS
C/O 9350 SOUTH DIXIE HIGHWAY, SUITE 1500
CITY-ST-ZIP
MIAMI, FL 33156

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
MGR ☒ Change ☐ Addition
Egea ALFONZO, Ricardo M.
STREET ADDRESS
10520 NW 26 St. - C 201
CITY-ST-ZIP
Doral, FL 33172

TITLE
NAME
MGR ☐ Change ☒ Addition
Egea Miranda, Manuel
STREET ADDRESS
10520 NW 26 St. - C 201
CITY-ST-ZIP
Doral, FL 33172

TITLE
NAME
MGR ☐ Change ☒ Addition
Egea ALFONZO, Alejandro M.
STREET ADDRESS
10520 NW 26 St. - C 201
CITY-ST-ZIP
Doral, FL 33172

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
000103916960
06/05/07--01045--005 **100.00

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 06-07

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ricardo M. Egea Alfonso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/24/07 (305) 513 3639
Date Daytime Phone #

Ricardo M. Egea Alfonso