

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19895

1. Corporation Name

A.H. MASLER & COMPANY, INC.

REINSTATEMENT 03

300025490013
12/15/03--01013--022 **150.00

2. Principal Office Address

13377 Northumberland Circle

3. Mailing Office Address

13377 Northumberland Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, Florida

City & State

Wellington, Florida

Zip

33414

Country

US

Zip

33414

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1989

5. FEI Number

65-0148162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan Masler

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

13377 Northumberland Circle

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code
33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alan Masler

Date 12/11/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,T,S,D	MASLER, ALAN H	13377 Northumberland Circle	Wellington, Florida 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Alan Masler Pres.

Alan Masler, President

12/11/03

(561)753-7445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2

A.H. MASLER & COMPANY, INC.

13377 Northumberland Circle, Wellington, Florida 33414

(561)753-7445

12/11/03

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

To Whom It May Concern:

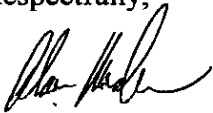
I just found out that my corporation was "Administratively Dissolved" for failing to file the 2003 Corporate Annual Report.

After calling (850) 245-6059 and speaking to a representative, I explained that I never received any form or notices with which to file the Corporate Annual Report for 2003.

She suggested that I download, fill out and send the Corporate Reinstatement Form along with my check for \$150.00 and this letter for immediate reinstatement of A.H. Masler & Company, Inc.

Thank you in advance for your cooperation in this matter.

Respectfully,



Alan Masler
President