

REINSTATEMENT DOCUMENT # L97000000895

T-420 P.02/02 F-163

1. Corporation Name MASCAP DEVELOPMENT, L.C.
1414 NW 107th Avenue 4th Floor
Miami, Florida 33172

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1414 NW 107th Ave
4th Floor
Miami, Florida 33172

Mailing Address 1414 NW 107th Avenue
4th Floor
Miami, Florida 33172

REINSTATEMENT 1999-2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3155 NW 77th Avenue	3. New Mailing Office Address, If Applicable 3155 NW 77th Avenue	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0779526
City & State Miami, Florida	City & State Miami, Florida	Applied For Not Applicable
Zip 33155	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
mgr	Juan C. Mas	3155 NW 107th Avenue Miami, Florida 33155	Miami, Fl. 33155
mgr	Jorge Mas Jr.	3155 NW 107th Avenue	Miami, Florida 33155
mgr	Jose R. Mas	3155 NW 107th Avenue	Miami, Florida 33155

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****205.00 ****205.00

8. Name and Address of Current Registered Agent SIDNEY Z. BRODIE, ESQ. 7270 NW 12th Street, Ph-I Miami, Florida 33126	9. Name and Address of New Registered Agent Name SIDNEY Z. BRODIE, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12th Street, PH-I Suite, Apt. #, Etc. PH-I City Miami, FL State FL Zip Code 33126
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.
Signature of Registered Agent: *Sidney Z. Brodie* Date: 11/22/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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)(d), 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: *[Signature]* 11/19/99 (305) 588-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #