

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 12 PM 4:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L97000000895

1. Limited Liability Company's Name

MASCAP DEVELOPMENT, L.C.

3/12 2002-2003

600013984156

03/12/03--01022--018 **200.00

2. Principal Office Address

3155 NW 77 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3155 NW 77 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

Zip

33122

Country

USA

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified
To Do Business in Florida

08/14/97

6. FEI Number

105-0779526

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

JUAN CARLOS MAS

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

3155 NW 77 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

3/10/03

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	MAS, Juan C.	3155 NW 77 AVE	MIAMI, FL 33122
MGR	MAS, Jorge	3155 NW 77 AVE	MIAMI, FL 33122
MGR	MAS, JOSE R.	3155 NW 77 AVE	MIAMI, FL 33122

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

3/10/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager