

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Ho**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

2004 APR 26 P 12:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003058  
 Name and Mailing Address

0009701 01 AT 0.292 \*\*AUTO T5 3 0615 33647-291124  
 MASTRO INVESTMENTS, LLC  
 18224 COLLRIDGE DRIVE  
 TAMPA FL 33647-2911



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation NV	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/18/2002	
Principal Place of Business 18224 COLLRIDGE DRIVE TAMPA FL 33647	3. New Principal Place of Business Address	6. FEI Number 68-0527875	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MASTROPASQUA, FREDERIC 18224 COLLRIDGE DRIVE TAMPA FL 33647	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400035824304 05/10/04--01083--012 **200.00 City FL Zip Code
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10. 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 Date 04/18/04  
 REGISTERED AGENT MUST SIGN

11. Name and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MASTROPASQUA, FREDERIC	18224 COLLRIDGE DRIVE	TAMPA FL 33647
MGR	MASTROPASQUA, MONIQUE	18224 COLLRIDGE DRIVE	TAMPA FL 33647

**REINSTATEMENT 03-04**

12. 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 Date 04/18/04 Daytime Phone # (813) 340-0710  
 Typed or printed name of signing Managing Member/Manager Monique Mastropasqua