

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

0008701 01 AT 0.292 **AUTO T5 3 0615 33647-291124



MASTRO INVESTMENTS, LLC
18224 COLLRIDGE DRIVE
TAMPA FL 33647-2911



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 City, State, Zip	6. FEI Number 68-0527875	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

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 04/08/04 4/18/04

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 04/08/04 Daytime Phone # 340-0710

Typed or printed name of signing Managing Member/Manager Monique Mastropasqua