

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000784

1. Limited Liability Company's Name

MAS Investments, LLC

FILED
10 JUN 28 PM 12:22
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 160 Greentree Drive		3. Mailing Office Address 16000 NE 59th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #1	
City & State Dover, DE		City & State Miami Lakes, FL	
Zip 19904	Country USA	Zip 33014	Country USA
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 3/6/03			
6. FEI Number 82-0589648 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301

700182528447
06/23/10--01027--004 **932.50

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

Date June 22, 2010

REGISTERED AGENT MUST SIGN Chelsea Bialowas, Assistant Secretary

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
MGRM	Albert Scaglione	29469 Northwestern Highway	Southfield, MI 48034

REINSTATEMENT
2005-10

S. HAWKES
JUN 29 2010
EXAMINER

11. E-mail Address: mdispois@perkwestgallory.com

(To be used for future annual report notifications)

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

Date

6/22/10

Daytime Phone #

800-521-9654

Typed or printed name of signing Managing Member/Manager Albert Scaglione



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2010

MAS INVESTMENTS, LLC
16000 NE 59TH AVENUE, SUITE 1
MIAMI LAKES, FL 33014

SUBJECT: MAS INVESTMENTS, LLC
Ref. Number: M03000000784

We have received your document for MAS INVESTMENTS, LLC and your check(s) totaling \$932.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

To ensure your money is properly credited, please return a copy of this letter with your corrected document. Please return your corrected document within 30 days or your filing will be considered abandoned.

Tammi Cline
Regulatory Specialist II

Letter Number: 210A00015657