

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 21 AM 10:52

DOCUMENT # 543460 N 36816

1. Corporation Name
MASAN CORP.

2. Principal Office Address
7014 S.W. 4th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33144

Country
US

3. Mailing Office Address
7014 S.W. 4th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33144

Country
US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 8/14/86

5. FEI Number
59-2818953

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
J. Carlos Santeiro

Street Address (P.O. Box Number is Not Acceptable)
7014 S.W. 4th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33144

400055968184
06/09/05--01027--003 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 6/6/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Santeiro, J. Carlos	7014 S.W. 4th Street	Miami, FL 33144
D	Santeiro, Maria G.	7014 S.W. 4th Street	Miami, FL 33144
VPD	Santalla, Juan L.	7014 S.W. 4th Street	Miami, FL 33144
D	Santalla, Maria M.	7014 S.W. 4th Street	Miami, FL 33144

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 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 607.0401 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN L. SANTALLA, J.P. 6/6/05 305-261-9580

CR2E081 (01/05)

**MASAN CORPORATION
7014 SOUTHWEST 4TH STREET
MIAMI, FLORIDA 33144**

June 6, 2005

Reinstatement Section
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re.: MASAN CORP. – Administrative Dissolution

Dear Sir or Madam:

This letter is in regard to the administrative dissolution of MASAN CORP.

The administrative dissolution is a result of our failure to file our Corporation Annual Report since 2003. The failure was due to a change in address of the Registered Agent, J. Carlos Santeiro, the undersigned. Although all mail should have been forwarded the Annual Report was not, resulting in our failure to file in 2003 and since.

Due to the above circumstances and as per my conversation with an officer of the Florida Department of State this date I am asking the department to waive the reinstatement fee and I am enclosing the reinstatement form and a check in the amount of \$450.00.

Should you have any questions or if you need any further information please do not hesitate to contact me at (305) 666-3639.

- Your cooperation in this matter is appreciated.

Sincerely,



J. Carlos Santeiro

Encls.