

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007870

FILED
Jan 11, 2005
Secretary of State

Entity Name: MASTERS COMMISSION MADRID, INCORPORATED

Current Principal Place of Business:

3111 W. DR. MARTIN LUTHER KING BLVD.
SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 W. DR. MARTIN LUTHER KING BLVD.
SUITE 100
TAMPA, FL 33607

New Mailing Address:

FEI Number: 13-4266362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHODES, BEN W
8506 N. GOMEZ AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

RHODES, BEN W
7520 CLEARVIEW DR.
TAMPA, FL 33634 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BEN W. RHODES

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTIAGO, DAVID M REV.
Address: 3111 W. DR. MARTIN LUTHER KING BLVD. #100
City-St-Zip: TAMPA, FL 33607

Title: ST () Delete
Name: RHODES, BEN W
Address: 19312 GARDEN QUILT CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: LETT, EDWIN D REV.
Address: 7070 BAYOU WEST PLACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: SANTIAGO, DANA M
Address: 3111 W. DR. MARTIN LUTHER KING BLVD. #100
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: RHODES, BEN W
Address: 7520 CLEARVIEW DR
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA B. PLACE

S

01/11/2005

Electronic Signature of Signing Officer or Director

Date