## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED  08 OCT -1 PH 3: 12		
DOCUMENT # NO400000 4927 1. COMPOSITION NAME MAS WARRIORS SOCIAL CUTTURAL ( LUID				SECHLIANASSEE, FLORIDA			
				Mrc.	REI	NSTATEM!	ENT
17730 NW 27 AVENUE 17730 N			3. Mailing Office Address 17730 N/N 2 Suite, Apt. #, etc.	VIN 27 Avenue		CR2E081 (10/08)	BOW
			Mans Gar	Garden S 4. Date Inco		porated or Qualified ness in Florida 2004	O
Zip_				Country 6.		3444 <i>006</i> S8.75 Addit	Applied For Not Applicable
7. Name and Address of Current Registered Agent  Name  AUDETE A. MARRY SHOW  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apr. #, Etc.  MAM (ARDEN)  City (3304)			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation) am familian with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date 9/39/08							
9. Names an	d Street Address		Vor Director (Florida nonpro	offt corporations must list at lea		<del>                                     </del>	
Titles	Offi	Name of icers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
	Claudette A. Marryshow Celestine B. Marryshow			Prejedent V-Present		Mami Gardens Fl. 33056 Mami Gardens Fl. 33056 Mani Gardens Fl. 33056	
9	Beverly C-langley Anita Smith			V-Present Secetary		Mami Gardens FL. 33056 My Thw . 2015TREET	
	ima 5	mi i eq	16	esurer		Miani (ardens fl 10801053002 **; 1013653543	245.00
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 filling 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 contained in Chapter 119, 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.							

## TO WHOM THIS MAY CONCERN

MAS WARRORS CULTURAL SOCIAL CLUB INC WOD desolve in 2005 of I did relocate in 2005 and world like to renew Coperations. In January 2008 I paid \$43 to have a Change of Officers To Claudette A. Marryshow for Pres; removing DONNA TRIM. I did send letter about moving You can Mail all document to 1730 NW 27TH AVENUE Miamin Gardens Florida. 33056

(/axoe 754-423-3714