PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 12 PM 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004361

1. Corporation Name
MASH INC.
DBA
Mobile Animal Services & Help

REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
1219 SW 5TH CT.	1219 SW 5TH CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUD. FL.	City & State: FORT LAUD. FL.
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: SEPT 28, 1993

5. FEI Number: 65-0381876 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Sally E MATLUK BOISSEAU

300008520843
10/22/02--01111--014 **245.00

Street Address (P.O. Box Number is Not Acceptable): 1219 SW 5TH CT.

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE, FL. State: FL Zip Code: 33312

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: Sally E Matluk Boisseau Date: 10.10.02
REGISTERED AGENT MUST SIGN

CR2E003 (9/01)

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. Pres.	D Sally E. MATLUK BOISSEAU	1219 SW 5TH CT. (D)	FORT LAUD. FL. 33312
D. V.P.	D John E. BOISSEAU	1219 SW 5TH CT. (D)	FORT LAUD. FL. 33312
D. Sec	D VICTORIA MATLUK	501 FIRST ST. (D)	~~FT~~ MANCHESTER, NJ 08759
Treas.	VICTORIA MATLUK	501 FIRST ST.	MANCHESTER, NJ 08759
		REINSTATEMENT 02	

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: Sally E Matluk Boisseau Sally E. MATLUK BOISSEAU 10.10.02 954.463.0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #