FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)



10/14/2012 (951)609-7271

DOCUMENT # P000000 19584 1. Enlity Name Management Advisory Serves, Inc

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Transgement Hausary Serves; Inc.				SECRETARY OF STATE FALLAHASSEE, FLORIDA	
	DO NOT WRITE	IN THIS SI	PACE	. 50.100	
2. Principal F (60) Suite, Apt.	Place of Business Yelc. Place of Business Points W	3. Mailing Address 4627 Por Suite, Apt. #, etc.	nce Deloon Blue	DO NOT WRITE IN THIS SPACE	
CoralS	pring torda	Coval Earles,	Fi.	4. FEI Number Applied For US - 100/575 Not Applicable	
33071	Country	33146	Country USA	5. Certificate of Status Desired See Required Fee Required	
χέψε t ω, ω, ω. :	DO NOT W IN THIS SP	· · · · · · · · · · · · · · · · · ·	7. Name and Address of Current Registered Agent Name JockCaulkin, Sec., Street Address (P.O. Box Number is Not Acceptable) 4627 Ponce De Leon Bluid.		
			City (O		
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or regist	ral Gables FL 33/46 stered agent, or both, in the State of Florida.	
SIGNATURE _	TellGaulka Skriating, typed or prished piece of registered agent a	nd this supplicable. (NYTE	Rogiusia i Again signatura requir	With 5 10/15/2002	
9. This corpor Tax filing re (See criteri	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	After May 1 Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11, IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E President Michael Sharf Hool Cymes Pointe Leval Spung Fz 3	DIRECTORS	TITLE NAME SIREET ADDRESS CITY-ST-ZIP	900008400349 -10/16/0201054003 ****150.00 ****150.0	
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TITLE WAME STREET ADDRESS CITY-ST-7IP			TITLE NAME STREET ADDRESS CITY-ST=ZIP		

13. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(2)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the requirement of the corporation with an additional with all other like empowered.

-Muhael L Sharf

SIGNATURE:

Management Advisory Services, Inc.

P.O. Box 9172 - Coral Springs, Florida 33075

Ph: (954) 609-7271 Fax: (954) 827-0229 email: MgtAdvise@AOL.com

October 14, 2002

Division of Corporations 409 East Gaines Street

Tallahassee, Florida 32399

To Whom It May Concern:

I respectfully request reinstatement of my Corporations for the State of Florida. Enclosed please find the reinstatement application and associated fees.

Please note that the Corporations business reports were not filled out and returned on a timely basis due to the following:

1 MAS Kitchen and Bath, Inc. forms were not received in the US post box.

I appreciate your cooperation in noting the changed address for future mailing.

2 Management Advisory Services forms were not received at the address indicated. Please note that the office address is located in a complex with a central mail station. Large articles and large volumes of delivered mail are not put in the mail slot due to their restricted size.

I ask that future mailings from your department be sent to the Corporations registered agent, as indicated on the forms.

Thanking you in advance for your assistance in this matter.

Sincerely yours,

Management Advisory Services, Inc. MAS Kitchen & Bath, Inc.

President

cc: Joel Gaulkin, Esq. / Registered Agent