

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -2 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042061

1. Corporation Name

Master's Business Incorporated

2. Principal Office Address

2520 S.W. 22 Street

Suite, Apt. #, etc.

Suite #2

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

2520 S.W. 22 Street

Suite, Apt. #, etc.

Suite #2

City & State

Miami, FL

Zip

33145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/2000

5. FEI Number

65 1004242

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

Ana L. Castillo

Street Address (P.O. Box Number is Not Acceptable)

2520 S.W. 22nd Street

Suite, Apt. #, Etc.

Suite 2

City

Miami

State

FL

Zip Code

33145

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

Ana L. Castillo
REGISTERED AGENT MUST SIGN

Date

6/29/04

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
Pres	Ana L. Castillo	2520 S.W. 22 Street #2	Miami, FL 33145
Sec.			

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:

Ana L. Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/04

Daytime Phone #

(305) 285-1818

CR2E081 (01/04)



MAIL BOXES ETC.®

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

To whom it may concern,

June 29, 2004

It has come to my attention that we have not received our annual report for this year (2004). In looking for last years report we realized that it also, was not received. Enclosed please find a reinstatement application and a check in the amount of \$300.00. Please update our records to reflect this unusual event. If you have any further questions feel free to contact me at (305) 285-1818 Thank you in advance for your assistance in this matter.

Sincerely,



Ana L. Castillo