

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025591

1. Corporation Name

MASTER DESIGN ENTERPRISES, INC.

300023525963
10/03/03--01011--008 **150.00

REINSTATEMENT 03

2. Principal Office Address

9056 GARLAND AV

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SURFSIDE FLORIDA

City & State

Zip

33154

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/01

5. FEI Number

59-3704717

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

NUBAR S. SALAZAR

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

9056 GARLAND AV

Suite, Apt. #, Etc.

City

SURFSIDE

State

FL

Zip Code

33154

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

[Signature]

Date

09/29/03

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>NUBAR S. SALAZAR</u>	<u>9056 GARLAND AV</u>	<u>SURFSIDE FL. 33154</u>

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)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

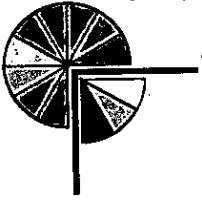
09/29/03

Daytime Phone #

305 303 3168

20 10/6

CR2E081 (10/02)



Master Design Enterprises Inc.

PAINT CONTRACTOR INTERIOR EXTERIOR

C.C. # 01BS00701

9056 GARLAND AV. SURFSIDE FL. 33154. TEL. 305 303 3168 FAX 305 866 2783

To hum it may concern:

The reason we did not file our annual report was our change of address on 07/03 from
80 South Shore dr. # 404 Miami Beach FL. 33141 to 9056 Garland Av. Surfside FL.
33154

Pleas excuse us and accept our apologies.

Sincerely:

Nubar Salazar
President