

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000018631**

1. Corporation Name

**MAS 7 INVESTMENT CORP.**

Principal Place of Business

11111 BISCAYNE BLVD.  
APT. 2010 PHASE 1  
N MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD.  
APT. 2010 PHASE 1  
N MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/2002

5. FEI Number

47-0852146

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SUAREZ, MIKE A	11111 BISCAYNE BLVD, APT. 2010	N MIAMI FL 33181
SD	DIAZ, AMADOR JR	311 NE 8TH ST. SUITE SUITE 204	HOMESTEAD FL 33030

8. Name and Address of Current Registered Agent

SAUREZ, MIKE A  
11111 BISCAYNE BLVD,  
APT. 2010 PHASE 1  
N MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/24/04

11. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/04

Daytime Phone #

CR2040 (7/03)

FILED

04 MAY 12 PM 3:15

SECRETARY OF STATE  
400031348104  
03/29/04--01076--002 \*\*150.00



**REINSTATEMENT**

*pg 1012*

# MAS 7 Investments Corp.

11111 Biscayne Blvd, PH: 1, Suite # 2010, N. Miami Florida 33181

Tel#: 305-891-2448, Fax #: 305-893-1368

Cell#: 786-487-9950, e-mail: [mikes123@bellsouth.net](mailto:mikes123@bellsouth.net)

*Florida Department of State  
Division of Corporations*

*March 24<sup>th</sup>, 2004*

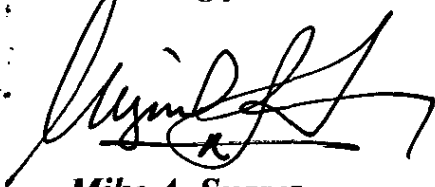
*Ref: MAS 7 Investments, Corp.  
Of the above address.*

*Doc#:P02000018631*

*Dear Sirs;*

*Attached please find the re-instatement document, please re-instate our company, as we did not receive the re-newel document by mail.*

*Thanking you in advance,*



*Mike A. Suarez  
President*