

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILING

04 OCT 22 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000020487

1. Corporation Name

MAS Services of Miami Inc

2. Principal Office Address

16225 NW 64 AVE

Suite, Apt. #, etc.

236

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-22-04

5. FEI Number

01-0626762

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

MARIA C PLAZA

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

16225 NW 64 AVE

Suite, Apt. #, Etc.

236

City

Miami Lakes

State

FL

Zip Code

33014

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

Maria C Plaza

REGISTERED AGENT MUST SIGN

Date 10-19-04

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
Pte	MARIA C PLAZA	16225 NW 64 AVE #236	Miami Lakes, FL 33014

400042100314
10/22/04--01027--007 ***308.75

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:

Maria C Plaza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04

Date

(305) 807-5726

Daytime Phone #

MARIA C PLAZA



B 2 072

October 19, 2004

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

Attn: Reinstatements

Enclosed please find application for reinstatement together with my check of \$308.75.

As per our telephone conversation the reason I did not file was because I did not receive the yearly application since I moved and it looks like it was mailed to my old address by your department. ~~(2003)~~

Please note that my new address is the following:

MAS SERVICES OF MIAMI, INC.
16225 NW 64th Avenue
#236
Miami Lakes, FL 33014

Thank you in advanced for all your help.

Wain Plaza

FEI # 01-0626762