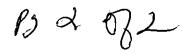
PS/B=2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION Secretary of State DIVISION OF CORPORATION DOCUMENT # PO 2000 20487	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MAS Services of Mismi I	VC
2. Principal Office Address 16225 NW 64 AVE SAME. Suite, Apt. #, etc. 236	4. Date Incorporated or Qualified 7-22-04
City & State MIDMI (AKES, F) Zip Zip Zip Country Country Country	5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name And Address of Current Registered Agent Name MATIA C MAZA Street Address (P.O. Box Number is Not Acceptable) 16225 NW 64 DJL Suite, Apt. #, Etc. 236 City MIDMI (AKK) State Zip Code FL 33014	
8. I, being appointed the registered agent of the above named cognoration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10-19-04	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporate	
	t Address of Each er and/or Director City / State / Zip
Ple Maria (Plaza 16225 NO	U 64 AU #236 MIRMILES, F/ 33014
	400042100314 10/22/0401027007 **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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #	

MARIA (Plaza





October 19, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FI 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 filed was because I did not received the yearly application since I moved and it looks like it was mailed to my old address by your department.

Please note that my new address is the following:

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

Thank you in advanced for all your help.

FEI # 01-0626762