

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000027679

1. Corporation Name

MASS HOLDINGS, INC.

2. Principal Office Address

P.O. BOX 652107

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33265

Country

USA

3. Mailing Office Address

P.O. BOX 652107

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33265

Country

USA

REINSTATEMENT 03-04
2/07/03 92088023 1557

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2002

5. FEI Number

03-0416948

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

ABEL AMADOR

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

341 S.W. 135 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

REGISTERED AGENT MUST SIGN

Date 01-15-03

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
P	ABEL AMADOR	P.O. BOX 652107	MIAMI, FL. 33265
VS	SILVIA C. AMADOR	P.O. BOX 652107	MIAMI, FL. 33265
VT	SONIA Y. AMADOR	P.O. BOX 652107	MIAMI, FL. 33265
VP	MONICA C. AMADOR	P.O. BOX 652107	MIAMI, FL. 33265

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABEL AMADOR 1-15-03 (305) 553-7100

CR2E081 (10/02)

MASS HOLDINGS, INC.

P. O. Box 652107
MIAMI, FLORIDA 33265-2107
PHONE: 305.553.7100
FAX: 305.245.2704

January 15, 2004

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

Re: 2003 Filing/P02000027679

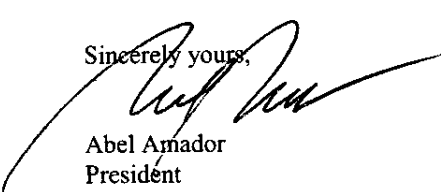
To Whom It May Concern:

We recently noticed that our corporate status is not active with the state. On 01/15/03 we filed for 2003 on and paid \$155.00 with our check #1441 which you collected on 02/12/03 (see enclosed copy). After speaking with your office today, I was informed that you had mailed back the forms, forms which we never received, for lack of FEI Number. I was instructed to write this letter and send the re-instatement form enclosed. I was told that there would not be any additional charges for the re-instatement of 2003.

I am enclosing a check now in the amount of \$163.75 for this year (2004) filing together with the appropriate re-instatement form.

I you need further information please let me know immediately.

Sincerely yours,



Abel Amador
President