PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		Se Se	EPARTMENT OF STATE ecretary of State - ecret		04 JUL -8 PM 2: 50		
		DIVIS	ON OF CORPORATIONS				
DOCUMENT # PO200055229					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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Principal Office Address 3. Mailing Office Address				4-10.03	90074 050	150.00	
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Suite, Apt. #, etc. Suite, Apt. #, e			ic. 7 WEST		rated or Qualified		
1007 WEST 100 City & State City & State						7/02 Applied For	
AVEN	ITURA, FL		ITURA, FL	5. FEI Number 54 - 2	110608	Not Applicable	
Zip 331	60 Country	3316	Country USA	6. CERTIFICATE		Additional Fee required Certificate of Status	
<u> </u>			sme and Address of Current Re			S column	
			ASCKAUCHAN RE		SMICHENI -		
·	Street Address (P.O. Box Number is Not Acceptable) 2 8 0 1 NE 183 SF			07709.	300038954943 07/09/0401078006 **150 00		
	Suite, Apt. #, Etc.	1007 WE	57				
	City	AVENTURA	V 2	4°'' + .	State Zip Code FL 33/60		
8. I, being	appointed the registered age		ration, am familiar with and accep	t the obligations of section	on 607.0505 or 617.0503, F.S.	0,10	
Signature of Registered		DIE GO	O MASCKAUCHAN ENT MUST SIGN		Date 16-23-	OY BOO	
9. Name	s and Street Addresses of Eac	ch Officer and/or Director (Flo	rida nonprofit corporations must il	st at least 3 directors)			
* Titles		ne of /or Directors	Street Address of Each Officer and/or Director		City / State / Zip		
. PD	DIEGO R. MASO	SCKAUCHAN 2801 NE 1835		# 1007 West	+ 1007 West AVENTURA, FL 33160		
VP	ALEVANDRO F.	MASCKAUCHAN	2101 ATLANTIC S	HORE BIRDHSO	6 HALLANDALE,	, FL 33009	
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this n	einstatement application, the n	eason for dissolution has been	mpowered to execute this applicat n eliminated, the corporate name of duals listed on this form do not que	satisfies the requirement	of section 607.0401 or 617.040	1, F.S., that all fees	
			ave the same legal effect as if made		. ,	277-9770	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date						16-217-9-	
<u></u>	SIGNATURE	TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	<u> </u>	Uate Dayti	ne mone # "	
						1 2)	

MASCKA R & M CORP 2801 N.E. 183 St #1007 WEST AVENTURA, FLORIDA 33160 (786) 303-4770

July 2, 2004

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314
Attention: Barbara Mitchell
Document Specialist

RE: Document Number P0200055229

Mascka R & M Corp

Corporation Reinstatement Application
Letter Number: 404A00041939

Dear Ms. Mitchell,

We have received your Letter Number 404A00041939 (attached), and we want to inform you that we never received the 2003 UBR and the letter dated April 14, 2003 because it was lost in the mail. The check for \$150.00 for 2003 UBR was never returned and it was paid by the bank (see copy of cancelled check).

Accordingly, we are sending now the Corporation Reinstatement Form, the check for \$ 150.00 for the year 2004, and a letter stating that we have never received your letter of April 14, 2003.

We are respectfully requesting the waiving of any penalty because we were filing the 2003 and 2004 Annual Reports on time, and we do not want the company to be dissolved. Please adjust and re-state our corporation.

Thank you for all your attention in this matter.

Yours very truly, 2"#

Alejandro F. Masckauchan Mascka R/& M Corp: Vicepresident