

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MAHASA INTERNATIONAL GROUP, INC.

002 000114999

600025081376
11/26/03--01065--007 **150.00

2. Principal Office Address

110 East Broward Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

USA

3. Mailing Office Address

110 East Broward Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

October 25, 2002

5. FEI Number

22-3883157

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

Esperanza Saad

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

110 East Broward Blvd.

Suite, Apt. #, Etc.

Suite 1700

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-30-03

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
D/P	Esperanza Saad	110 East Broward Blvd., Suite 1700	Ft. Lauderdale, FL 33301
VP/S	Francisco Matos	110 East Broward Blvd., Suite 1700	Ft. Lauderdale, FL 33301
VP	Luis Eduardo Saad	110 East Broward Blvd., Suite 1700	Ft. Lauderdale, FL 33301

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-03

Date

Daytime Phone #

CR2E081 (10/02)

October 30 2003

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

Re: 2003 Uniform Business Report-Mahasa International Group, Inc.

Dear Sir/Madam:

Please waive any penalty fees as we did not receive our 2003 Uniform Business Report.

Very truly yours,

MAHASA INTERNATIONAL GROUP, INC.

By: 