

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -8 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030226

1. Corporation Name

MAHASSIAN, INC.

REINSTATEMENT

2. Principal Office Address

2500 NW 107 Ave.

Suite, Apt. #, etc.

102

City & State

DORAL, FL.

Zip

33172

Country

MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/00

5. FEI Number

20-8339916

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

JEAN-MAX DAVIS

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

14320 SW 109 Ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

Date

REGISTERED AGENT MUST SIGN

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	JEAN-MAX DAVIS	14320 SW 109 Ave	MIAMI, FL. 33176

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 contained in Chapter 119, 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 #

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 thru 2007 or any other notice from the Division of Corporations in respect with the Corporation **MAHASSIAN, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read "JEAN MAX DAVIS", enclosed within a large, hand-drawn oval.

JEAN_MAX DAVIS
President