

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV -9 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000066969

1. Corporation Name

MAS FRIJOLES, INC.

2. Principal Office Address

1803 S. Australian Ave.

Suite, Apt. #, etc.

Suite A

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. Mailing Office Address

1803 S. Australian Ave.

Suite, Apt. #, etc.

Suite A

City & State

West Palm Beach, FL

Zip

33409

Country

Palm Beach

REINSTATEMENT

04-00

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2003

5. FEI Number

(none)

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

Ken Schwartz

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

1803 S. Australian Ave.

Suite, Apt. #, Etc.

Suite A

City

West Palm Beach

State
FL

Zip Code

33049

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]

Date 11/4/05

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	Ken Schwartz	1803 S. Australian Ave., Suite A	West-Palm Beach, FL 33409
			000061260070 11/08/05--01046--018 **\$1.25
			000061260070 11/08/05--01046--019 **\$8.75
			\$ 1058.75

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 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] (Ken Schwartz)

11/4/05

561-478-5056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

K. Eckert NOV 4 2005