

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 11 PM 3:35

TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
 CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000043246

1. Corporation Name

MAS POR MENOS INT II INC.

2. Principal Office Address - No P.O. Box #

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

#B522

City & State

AVENTURA FL

Zip

33180

Country

US

3. Mailing Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

#B522

City & State

AVENTURA FL

Zip

33180

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

3/08/04

5. FEI Number

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

JORGE A. GONZALEZ

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

20533 BISCAYNE BLVD

Suite, Apt. #, Etc.

#B522

City

AVENTURA

State

FL

Zip Code

33180

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date 9/04/07

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	JORGE A. GONZALEZ	20533 BISCAYNE BLVD #B522	AVENTURA FL 33180

400109324384
 09/11/07--01056--011 **450.00

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 #

Sept 4, 2007

Uniform Business Report
Division of Corporation
P.O. BOX 6327
Tallahassee Fl 32314

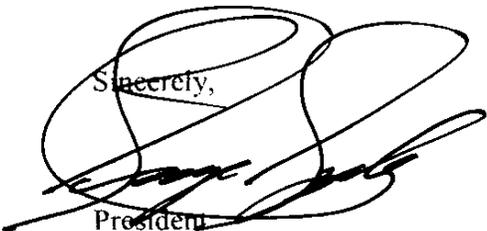
Re: MAS POR MENOS INT II INC.
Doc. Number P04000043246

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2005,2006,2007 filling years. According to your records, you never received an annual report for our corporation. We are sending a filled out blank report to your Department because we never received the original report. Please accept our apologies and accept this \$450.00 filling fees. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any question please feel free to contact us.

Sincerely,



President