

2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000069210

1. Corporation Name

Master Tech Commercial Services, Inc

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

3810 W 10ct

Suite, Apt. #, etc.

3. Mailing Office Address

3810 W 10ct

Suite, Apt. #, etc.

City &amp; State

Hialeah, FL

Zip

33012

Country

US

City &amp; State

Hialeah, FL

Zip

33012

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/04

5. FEI Number

20-106595

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rodger Gonzalez

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

1135 W. 29st

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

☒ 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

Date

X

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	Gonzalez, Humberto	38110 W. 10ct	Hialeah, FL 33012

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3/26/10

Date

Daytime Phone #

FILED

10 APR -1 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA800174169028  
04/01/10--01039--017 \*\*300.00

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