

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 30 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000090444

1. Corporation Name

Joe Massaro Enterprises, Inc.

2. Principal Office Address

90 Fountain Cr.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

Collier

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-1218914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

05-06

7. Name and Address of Current Registered Agent

Name

Joe Massaro

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

90 Fountain Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

Joseph Massaro

Date 10/24/06

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	Joseph Massaro	90 Fountain Circle	Naples, FL 34119

100080866201
10/18/05--01020--015 **238.75
300080755533
10/17/05--01011--005 **61.25

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:

Joseph Massaro

Joseph Massaro

10/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/06

2/2

JOSEPH MASSARO
JOS MASSARO ENTERPRISES, INC.
90 FOUNTAIN CIRCLE
NAPLES, FL 34119

October 11, 2006

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

RE: Joseph Massaro Enterprises, Inc.
EIN# 20-1218914
Document# P04000090444

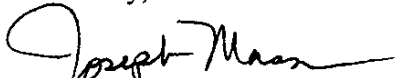
Dear Sirs,

Please find enclosed a copy of my reinstatement form for the above-mentioned corporation. I have no recollection of ever receiving the original annual report notices to keep my company active. I would appreciate it if you could reinstate my corporation.

My accountant has already mailed a previous letter and the original reinstatement form with a check in the amount of \$61.25. The amount was a miscalculation of the monies due. Therefore I am enclosing another check in the amount of \$238.75 for reinstatement. Both checks will equal \$300.00. I would appreciate if you could waive the inactivation fee.

Thank you for your assistance in this matter.

Sincerely,


Joseph Massaro