

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000093680

1. Corporation Name

MA REAL ESTATE CORP

2. Principal Office Address - No P.O. Box #
1013 N.W 14 CT

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE

Zip
33311

Country

3. Mailing Office Address
11089 SUNSET RIDGE CIR.

Suite, Apt. #, etc.

City & State
BOYTON BEACH

Zip
33437

Country

7. Name and Address of Current Registered Agent

Name
ALFRED HARRIGAN

Street Address (P.O. Box Number is Not Acceptable)
11089 SUNSET RIDGE CIR

Suite, Apt. #, Etc.

City
BOYTON BEACH

State
FL

Zip Code
33437

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

REGISTERED AGENT MUST SIGN

Date **9/06/07**

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
CEO	JUNIOR CUMMINS	5319 N.W 93 AVE	SUNRISE FL. 33351
PRES	ALFRED HARRIGAN	11089 SUNSET RIDGE CIRC	BOYTON BEACH FL. 33437

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

09/06/07

Date

954-7908401

Daytime Phone #

07 OCT 19 AM 9:00

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
04-3794267

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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