## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000159257  1. Entity Name DMASTO, INC.					07	07 FEB 13 PM 3: 54			
Principal Place of Business 131 MAPLECREST CIRCLE JUPITER, FL 33458 US		Mailing Address 131 MAPLECREST CIRCLE JUPITER, FL 33458 US			TAL	CRETARY OF LAHASSEE, F	FLORIDA ((		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302007	REIN-P	CR2E098 (1/07)		
City & State		City & State		4. FEI Numb	3 938927	<del> </del>	pplied For ot Applicab		
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	See Require		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent		
MASTORIDES, DIANE F 131 MAPLECREST CIRCLE JUPITER, FL 33458				Name Street Addr	ess (P.O. Box Numb	er is Not Acceptable	e)		
				City			FL Zip Co	de	
8. The above the obligati SIGNATURE_	named entity submits this statement in so of registered agency.  Signature, typed or printed name of registered agency.				gistered agent, or bo	2//	DATE		
FII	LE NOW!!! FEE IS \$300.00					corporation did	with s. 607.193(2)(b) not receive the prior	notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASTORIDES, DIANE F 131 MAPLECREST CIRCLE JUPITER, FL 33458	D DIRECTORS		E	ADDITIONS	CHANGES TO OFF	Change	RS IN 11 ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1	700 02/19/0	0088 <b>71</b> 17010200	□ Change 2077 30 **300.00	Additio	
ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby	certify that the information supplied w	☐ Delete ith this filing does not qualif	v for the ex	ME REET ADDRESS Y-ST-ZIP Kemptions cont	tained in Chapter 11	S. Eckel FEB		information	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address with all other like empowered.