PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # A070000 45808 1. Corporation Name Master vini AD Management Inc. 2. Principal Office Address - No P.O. Box 8 3. Mailing Office Address Suite, April 8, 902 Suite, April 8, 902 Suite, April 8, 902 Suite, April 8, 902 Cry & State County Zo County Zo	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF THE LEGISLE DIVISION OF CORRESPONDED IN 100 15 100 1	
2. Principal Office Address - No P O, Box 8 3. Maining Office Address 4 4. Diet Incorporated to Counting 3. Shirts, Apt. 8, sto. 4. Diet Incorporated to Counting 3. Shirts, Apt. 8, sto. 4. Diet Incorporated to Counting 3. May apt. F. J. 3. Maining Office Address 4 apt. F. J. 3. May apt. F. J. 4. May apt. F. J. 4. Diet Incorporation folds apt. F. J. 4. May apt. F. J. 5. FEI N			DG-D REINSTATEM	
Special County Special Special County Special Cou	3936 NW 221nd 5t.	P.O. Box 936047	B D 2017	
Street Address (P.O. Box Number is Not Acceptable) 39.36 Now 35 to 10/21/1001028006 ***900.00 City Cacout (Nock State Zip Code FL 33.066 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. (Signature of Registered Agent Martin State Signature Agent Martin State Signature Agent Martin State Signature Agent Martin State	Coconut Crock Fl.	Margat Fl.	5. FEI Number 208800756 Not Applicable 6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required	
Signature of Registered Agent Name of Officer and/or Directors Signature of Registered Agent Name of Officer and/or Directors Signature of Registered Agent Name of Officer and/or Directors Signature of Registered Agent Name of Officer and/or Directors Signature of Registered Agent Name of Officer and/or Director City / State / Zip Cacutt Curck F1. 330666 10. E-mail Address: Chuis OTMO ADL. Court (To be used for future annual report notification) (To be used for future annual report notification) 11. Certify that I am an officer or director or the prepared or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that left fees owed by the corporation ploys 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 cert. SIGNATURE: (M. M. Signature State Addressos of Each Officer and for Cacutter Curck F1. Signature of the prepared of the prepare	Name Christopher Livzzo Street Address (P.O. Box Number is Not Acceptable) 3936 NW 25 5t Suite, Apt. #, Etc. City State Zip Code		200186946932 10/21/1001028006 **900.00	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Chvis Liv?? 3936 Nw 35 Street Address of Each Officer and/or Director City / State / Zip 10. E-mail Address: Chvis OTMO ADA Cover (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 less owed by the corporation between 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 between the corporation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Advanced Street Course (Street Address of Each Officer and/or Director City / State / Zip City / State /	Signature of Registered Agent Date 10/14/10			
Officers and/or Directors Officer and/or Director Officer and/or Dire	9. Names and Street Addresses of Each Officer and	I/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)	
10. E-mail Address: Christottal 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 rees owed by the corporation below been paid it 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: (#\$\frac{1}{2}\) \$\frac{1}{2}\]				
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