

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000000244

Entity Name: MASADA HOLDINGS ,INC.

FILED  
Nov 09, 2012  
Secretary of State

**Current Principal Place of Business:**

4303 ASHBY LN  
TAMPA, FL 33624

**New Principal Place of Business:**

7823 N DALE MABRY STE 109  
TAMPA, FL 33614

**Current Mailing Address:**

4303 ASHBY LN  
TAMPA, FL 33624

**New Mailing Address:**

7823 N DALE MABRY STE 109  
TAMPA, FL 33614

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACIEL, MAUREEN  
4303 ASHBY LN  
TAMPA, FL 33624    US

**Name and Address of New Registered Agent:**

MACIEL, MAUREEN  
7823 N DALE MABRY STE 109  
TAMPA, FL 33614    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAUREEN MACIEL

11/09/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACIEL, MAUREEN J  
Address: 7823 N DALE MABRY HWY STE 109  
City-St-Zip: TAMPA, FL 33614 US

Title: MNGR  
Name: DANIEL, NACIEL  
Address: 7823 N DALE MABRY HWY STE 109  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN MACIEL

P

11/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date