

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000080416

1. Corporation Name

BUSINESS MASTERS, INC.

Principal Place of Business

1800 W. 49TH ST. #117
HIALEAH FL 33012

Mailing Address

1800 W. 49TH ST. #117
HIALEAH FL 33012



REINSTATEMENT 9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0471267	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PHS	MARTINEZ, GUILLERMO E	1800 W. 49TH ST. #117	HIALEAH FL 33012
VP	SALAZAR, HENRY A DELETE	1800 W. 49TH ST. #117	HIALEAH FL 33012

400002025224--9
-12/10/96-01153-009
***375.00 ***375.00

8. Name and Address of Current Registered Agent

~~SALAZAR, HENRY A~~
~~1800 W. 49TH ST. #117~~
~~HIALEAH FL 33012~~

9. Name and Address of New Registered Agent

Name GLORIA S. Ruiz
Street Address (P.O. Box Number is Not Acceptable)
903 W. 77 ST.
Suite, Apt. #, Etc.
City HIALEAH, FL. State FL Zip Code 33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Gloria S. Ruiz
REGISTERED AGENT MUST SIGN

Date 12/4/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 statement 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 under section 119.07(3)(i), 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

12/4/96 (305) 827-8117
Date Daytime Phone #