192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019095

1. Corporation Name
A. E. MASON LTD. CORP.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6368 NW 82 AVE | 6368 NW 82 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33166 Country: | Zip: 33166 Country: |

4. Date Incorporated or Qualified To Do Business In Florida: 3/11/94

5. FEI Number: 650474646 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: JOY MASON

Street Address (P.O. Box Number is Not Acceptable): 6368 NW 82 AVE. REINSTATEMENT 05

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33166

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: Joy Mason Date: 10-6-04
REGISTERED AGENT MUST SIGN

CR2E087 (01/04)

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 |
|---|---|---|---|
| PRES SEC | JOY MASON | 6368 NW 82 AVE | MIAMI FL 33166 |
| V.P. TREAS | ROBERT MITCHELL | 6368 NW 82 AVE | MIAMI FL 33166 |
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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 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: Joy Mason (JOY MASON) 10/6/04 305-232-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO WHOM IT MAY CONCERN:

PLEASE RETURN THE CERTIFICATE OF STATUS IN THE ENCLOSED PRE-PAID FED. EX ENVELOPE.

THANK YOU

Joey Mason