

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015701

1. Corporation Name

M.A.S. IMPORT & EXPORT CORPORATION

2. Principal Office Address

8235 N.W. 64TH ST.

Suite, Apt. #, etc.

UNIT #8

City & State

MIAMI, FL.

Zip Country

33166

U.S.A.

3. Mailing Office Address

2121 PONCE DE LEON

Suite, Apt. #, etc.

SUITE #240

City & State

CORAL GABLES, FL.

Zip Country

33134

U.S.A.

REINSTATEMENT 09-00

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/96

5. FEI Number

65-0643042

Applicable

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

GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE #240

City

CORAL GABLES,

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date **12-07-00**

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
DPTSR	MARCO A. SOARES	8235 N.W. 64 ST. UNIT #8	MIAMI, FL. 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-00

Daytime Phone #

305-7188871

CR2081 (9/99)