

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FO100000274179

1. Corporation Name
MAS Services Inc.

Principal Place of Business Mailing Address
616 Ridge Blvd. Same
So Daytona FL 32119

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

2. New Principal Office Address, If Applicable
616 Ridge Blvd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
616 Ridge Blvd.
Suite, Apt. #, etc.

City & State
So Daytona FL
Zip Country
32119

City & State
So Daytona FL
Zip Country
32119

4. Date Incorporated or Qualified
To Do Business in Florida March 1996

5. FEI Number
59-3385519

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	<u>President Sherry Owens</u>	<u>616 Ridge Blvd.</u>	<u>So Daytona FL 32119</u>

8. Name and Address of Current Registered Agent

Sherry Owens
616 Ridge Blvd.
So Daytona FL 32119

9. Name and Address of New Registered Agent

Name Sherry Owens
Street Address (P.O. Box Number is Not Acceptable)
616 Ridge Blvd.
Suite, Apt. #, Etc.
City So Daytona
State FL Zip Code 32119

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent Sherry Owens
REGISTERED AGENT MUST SIGN

Date 3-30-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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)(b), 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

Sherry Owens Pres / Sherry Owens

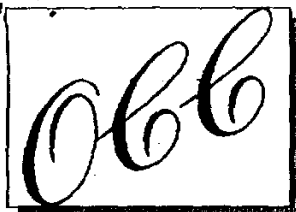
Date:

3-30-99

Usual Phone #

(904) 777-1177

CR2E08112-98



OWENS COMMERCIAL CLEANING

Mas Services Inc.
616 Ridge Blvd.
South Daytona, FL 32119

MARCH 30, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

IN THE PROCESS OF HAVING MY ATTORNEY DRAW UP PAPERS TO MAKE MY COMPANY WOMAN OWNED, HE RECEIVED INFORMATION STATING THAT MY CORPORATION WAS ADMINISTRATIVELY DESOLVED AND IS INACTIVE. I DID NOT KNOW THAT ANNUAL REPORTS HAD TO BE FILED AND I NEVER RECEIVED ANYTHING BY MAIL. MY ATTORNEY SAID TO REQUEST THE ANNUAL REPORTS AND ASK FOR WAIVER OF PENALTIES. IN CALLING TALLAHASSEE AND SPEAKING WITH TREVOR, SHE SAID THAT 1997 HAD BEEN FILED WITH AN ADDRESS CHANGE TO P.O. BOX 1584 APOPKA, FL. 32704. I TOLD HER I HAVE NEVER HAD AND BUSINESS OR RESIDENCE IN APOPKA, AND THAT I DID NOT UNDERSTAND HOW THIS COULD HAPPEN. SHE SAID, I COULD REQUEST A COPY OF 1997 AND SEE IF IT WAS MY SIGNATURE. I JUST RECEIVED IT AND THE HANDWRITING AND SIGNATURE IS NOT MINE, AS YOU COULD SEE IN COMPARING TO THE REPORTS RETURNED WITHIN. ALL I AM ASKING IS TO, PLEASE, WAIVE PENALTIES AND EXCEPT \$150.00 FOR 1998 AND \$150.00 FOR 1999 AND REINSTATE MY CORPORATION. MY ADDRESS AND MAILING ADDRESS SHOULD BE: MAS SERVICES INC. (59-3385519)

616 RIDGE BLVD.
SOUTH DAYTONA, FL. 32119.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

SINCERELY,


SHERRY OWENS, PRES.
904-767-1172

COMPLETE JANITORIAL ♦ STRIPPING & WAXING FLOORS ♦ PRESSURE WASHING

PH 904-767-1172

FX 904-761-7840