

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037352

1. Corporation Name

MABAS INC.

Principal Place of Business

Mailing Address

3759 COVENTRY LANE  
BOCA RATON FL 33496

C/O MARK SACHS  
3759 COVENTRY LANE  
BOCA RATON FL 33496



REINSTATEMENT 03

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

04/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0666441

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SACKS, MARK	3759 COVENTRY LANE	BOCA RATON FL 33496

500024333035  
10/31/03--01053--014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SACKS, MARK  
4014 N.W. 64TH WAY  
BOCA RATON FL 33496

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Daytime Phone #

10-8-03 9619950133

CR2E040 (7/03)

~~GLASSBERG, MERMER, & ASSOCIATES, CPAs PC~~  
Certified Public Accountants

HAROLD J. GLASSBERG  
ROY F. GLASSBERG, C.P.A.  
RONALD A. MERMER, C.P.A.  
HERBERT GLASSBERG, L.P.A.  
(1933 - 1983)

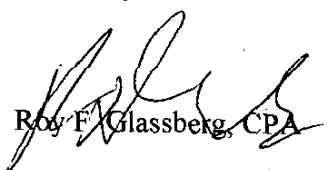
October 27, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Mabas, Inc. FEI#65-0666441

Please note that we have received your certificate of dissolution. Enclosed is a check for \$150 with a request to abate the late payment penalty as my client never received the original request for filing payment.

Thanking you in advance.

  
Roy F. Glassberg, CPA

Glassberg & Mermer CPA's PA  
Accountants & Auditors

[ ] 1070 ROUTE 9 SUITE 203  
FISHKILL, NY 12524  
(845) 897-5108  
(845) 897-5183 FAX

[ ] 2 EXECUTIVE BLVD SUITE 301  
SUFFERN, NY 10901  
(845) 368-1095  
(845) 368-1549 FAX

[ ] 123 NW 13<sup>th</sup> ST. SUITE 312  
BOCA RATON, FL 33432  
(877) 447-7544/ (561) 447-7544  
(561) 447-7545 FAX

[ ] 37 SAWMILL RIVER ROAD  
HAWTHORNE, NY 10532  
(914) 347-8003  
(914) 347-8005 FAX