

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

APPLICATION FOR REINSTATEMENT



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

97 NOV 26 PM 12:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000048485**

1. Corporation Name
MAS POR MENOS INTERNATIONAL, INC

97AR

Principal Place of Business: 1626 WEST FLAGLER ST. MIAMI FL 33135
 Mailing Address: 1626 WEST FLAGLER ST. MIAMI FL 33135



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/06/1996	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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
PD	PEREZ, NARCISA	1358 N.W. 33RD ST.	MIAMI FL 33142

900002361269--1
 -12/02/97--01085--004
 ***165.00 ***165.00

A. Alamy
 11/26/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
PEREZ, NARCISA 1626 WEST FLAGLER ST. MIAMI FL 33135		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
				FL	

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: *Narcisa Perez* Date: *11/22/97*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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: *Narcisa Perez* *President* Date: *11/26/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)

pg. 2 of 2

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BAL. BROTFORD

DATE _____

TO *John*

DEPOSITS

FOR _____

TOTAL _____

THIS CHECK _____

OTHER _____

TAX DEDUCTIBLE _____

BALANCE _____

1185

DATE *8/13/97*

TO *Florida Department of State*

DEPOSITS

FOR _____

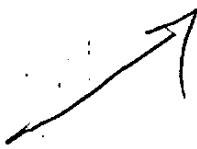
TOTAL *165.00*

THIS CHECK _____

OTHER _____

TAX DEDUCTIBLE _____

BALANCE _____



1186

DATE *8/15/97*

Florida Department of State

SITS