

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:49

DOCUMENT # **P970000 38973**

1. Corporation Name

**MASTER LINE AGENCIES, INC.**

2. Principal Office Address

**8557 N.W. 72 STREET**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

**8557 NW. 72 STREET**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

Zip

**33166**

Country

**USA**

**REINSTATEMENT 01-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MAY, 1st, 1997**

5. FEI Number

**65-0749558**

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

**HENRY SALAZAR MOORE**

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

**1564 S. DIXIE Highway**

Suite, Apt. #, Etc.

**#102**

City

**CORAL GABLES**

State

**FL**

Zip Code

**33146**

**300058436743**  
**08/10/05--01025--006 \*\*758.75**

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 **8/2/05**

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
Director	NANCY M. ESQUIVEL	15991 S.W. 96 TER	MIAMI FL 33196
Director	HENRY SALAZAR MOORE	1564 S. DIXIE Hwy #102	coral Gables FL 33146

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

**8/2/05**  
Date

**(305) 300-8228**  
Daytime Phone #

CR2E081 (01/05)



**MASTER LINE AGENCIES, INC.**

8557 N.W. 72<sup>nd</sup> Street  
Miami Florida, 33166  
Tel: (305) 640-1191  
Fax: (305) 640-1188  
[www.masterline.us](http://www.masterline.us)

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Miami, August 3<sup>rd</sup>, 2005

Messrs:  
FLORIDA DEPARTMENT OF STATE  
(Secretary of State) Division of Corporations  
Reinstatement Office  
409 E. Gaines Street  
Tallahassee, FL 32399

Ref No: Document No. P97000038973

To whom it may concern:

We at Master Line Agencies, Inc. will like to request a reinstatement of our Corporation as reference above . The reason we did not filed previous reports is because we never received them since the addresses you have on file are wrong.

I have enclosed the Corporate Reinstatement form along with a check for the amount of US\$ 758.75 as requested with all current information with regards to this corporation.

We thank you for your help and understanding to our request and if you shall have any questions please do not hesitate in contacting me at your convenience.

Sincerely,

  
Henry Salazar Moure  
Director