| | • PLEASE READ | ALL INST | RUCTIONS | BEFORE C | OMPLETI | ING THIS FOR | · · M. | |
|--|---|---|---|---------------|---|--|--|--|
| APF | PLICATION | ũq " | A DEPARTME! Sandra B. Mor Secretary of S VISION OF CORPOR | tham state | | | f [*] s | |
| DOCUMENT # P97000077436 1. Corporation Name | | | | | 90 110 13 711 01 30 | | | |
| MAS DEVELOPMENT, INC. | | | | | TÁLCAMAIN A ARLONDA | | | |
| Principal Place of Business Mailing Address | | | | | | The second secon | $\mathcal{O}_{i}\mathcal{O}_{j}\mathcal{O}_{j}\mathcal{O}_{j}$ | |
| · 6 | | 3155 NORTHWEST 77TH AVENUE MIAMI FL 33122 | | | Septem. | | | |
| | addresses are incorrect in any way, line thro ncipal Office Address, if Applicable | ough incorrect information and enter correction below. 3. New Mailing Office Address. If Applicable. | | | 4. Date Incorporated or Qualified To Do Business in Florida | | | |
| Suite, Apt. | | Suite, Apt. #, | etc | | 5. FEI Number | 00000 | 09/05/1997 Applied For | |
| City & State Zip Country | | City & State | | | 65-0 | 783236 | Not Applicable \$8.75 Additional Fee required | |
| | | <u> </u> | | · | | F OF STATUS DESIRED | 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) Name of Officers Street Address of Each Officer and/or Director City / State / Zip | | | | | | | | |
| D | MAS, JORGE | | 3 (Do NOT Use Post Office Boy Numbers) 3155 NORTHWEST 77TH AVENUE | | | MIAMI FL 33122 | | |
| D | MAS, JUAN C | 3155 NORTHWEST 77TH AVENUE | | | MIAMI FL 33122 | | | |
| D | MAS, JOSE R | | 3155 NORTHWEST 77TH AVENUE | | | MIAMI FL 33122 | | |
| | | | | <i>1</i> 3. 2 | 2/18/0 | 03/26/ 9 9 | 93520 01016004 00 ****150.00 | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name | | | | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | Street Address (P.O. Box Number 3155) Suite, Apt. #, Etc | | | S Mas | | |
| 10. 1, being appointed the registered agent of the labeve named corporation, am familiar with and accept the obligations of Section 607 0505, F.S. | | | | | | | | |
| Signature of Registered Agent Agent Programmed and Agent Must Sign | | | | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No | | | | | | | | |
| 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)(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 PREALED NAME OF SIGNING OFFICER OR DIRECTOR 4/15/48 (305) 5954351 | | | | | | | | |

MAS DEVELOPMENT, INC.

3155 N.W. 77 Avenue Miami, Florida 33122-1205 Phone: (305) 599-1800

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November 23, 1998

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Mas Development, Inc.

To Whom It May Concern:

Please reinstate to above referenced company. A check was sent out in the amount of \$150.00 on or around April 15, 1998 and sent by regular mail. Evidently you did not receive the check so I am putting a stop payment on that specific check and I am reissuing a new one. Please understand that we had no way of knowing the first check never reached your office and in good faith would like not to be penalized with late charges.

If you have any questions, please contact me at (305) 599-1800. Thank you in advance for your cooperation in this matter.

Sincerely,

Siera agerman Tina Zagerman

Administrator