12/15/98 TUE 12:51 FAX 305 860 7013 ADORNO 002

$758.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

P97000077436

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DOCUMENT # P97000077436

1. Corporation Name

Mas Development, Inc. 10/16/91

Principal Place of Business	Mailing Address
3155 N.W. 77th Avenue Miami, FL 33122	2601 S. Bayshore Dr. Suite 1600 Miami, FL 33133

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 9/8/97 eff 9/5

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Mas, Juan Carlos	3155 N.W. 77th Avenue	Miami, FL 33122
D	Mas, Jorge	3155 N.W. 77th Avenue	Miami, FL 33122
D	Mas, Jose R.	3155 N.W. 77th Avenue	Miami, FL 33122

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REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
A Z Registered Agent Corporation 2601 S. Bayshore Drive Suite 1600 Miami, FL 33133	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

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*****750.00

CR2E040 (1/98)

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: Austin T. Wilson, Secretary/Treasurer Date: 12/16/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] 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 name 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: President 12/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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