

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 17 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MIAMI ASPHALT STRIPPING MASTERS, INC.

2. Principal Office Address

10400 SW 186 LANE

Suite, Apt. #, etc.

City & State

PERRINE, FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

10400 SW 186 LANE

Suite, Apt. #, etc.

City & State

PERRINE, FLORIDA

Zip

33157

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/1997

5. FEI Number

650808571

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

HILDEBRANDT, MARK H.

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

300 SEVENTY FIRST STREET

Suite, Apt. #, Etc.

SUITE #302

City

MIAMI BEACH

State

FL

Zip Code

33141

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 1/13/03

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
PTD	REY, AGUSTIN	10400 SW 186 LANE	PERRINE, FLORIDA 33157
S	UNZUETA, HORACIO	10400 SW 186 LANE	PERRINE, FLORIDA 33157

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:

AGUSTIN REY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

305-534-5100

Daytime Phone #

CR2E081 (10/02)

LAW OFFICES

MARK H. HILDEBRANDT, P.A.

300 SEVENTY FIRST STREET • SUITE 302 • MIAMI BEACH, FLORIDA 33141
TELEPHONE (305) 534-5100 • FACSIMILE (305) 531-0091

January 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **MIAMI ASPHALT STRIPPING MASTERS, INC.**

The above-mentioned corporation moved its offices in 2002. In view of such move, the Annual Report forms were never received; therefore the Department of Corporations filed their status as inactive, and dissolved the corporation. We are requesting the fees of reinstatement be waived, as we are enclosing herein our check in the amount of Three hundred dollars and no cents (\$300.00), for the filing fee of the 2002 and 2003 Annual Reports for the above-mentioned corporation.

If you need any additional information or if I can be of further assistance please feel free to contact me at my office.

Very truly yours,



MARK H. HILDEBRANDT

MHH/cg

Enclosure