

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 1:57

DOCUMENT # P98000007648

1. Corporation Name

MASKA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 601039
NORTH MIAMI BEACH FL 33160-1039

POST OFFICE BOX 601039
NORTH MIAMI BEACH FL 33160-1039



REINSTATEMENT 60

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

01/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0805549

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PTD	FEIGIN, BORIS	POST OFFICE BOX 601039 N/A	NORTH MIAMI BEACH FL 33160

700003455647--5
-11/07/00-01094-005
****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRINKLER, MICHAEL A P.A.
ONE EXECUTIVE COURT
CORP. BLVD., N.W., SUITE 134
BOCA RATON FL 33431

Name
VEFIM CHIRVONY
Street Address (P.O. Box Number is Not Acceptable)
921 N. 12th Terr.
Suite, Apt. #, Etc.
City
Hollywood
State
FL
Zip Code
33019

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
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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:

Handwritten signature of Boris Feigin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-00 (305) 945-2177