

FILED

03 JUN 13 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015682

1. Corporation Name

MEXMASTERS, INC.
4101 EVANS AVE
FORT MYERS, FL 33901

2. Principal Office Address

4101 EVANS AVE

3. Mailing Office Address

4101 EVANS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/98

5. FEI Number

65-0813958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE D GREEN

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

1520 ROYAL PALM SQUARE BLVD, #320

Suite, Apt. #, Etc.

City

FT MYERS

State
FL

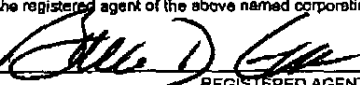
Zip Code

33919

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



4/20/03

Date

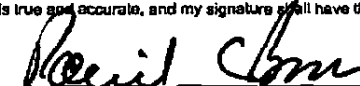
REGISTERED AGENT MUST SIGN

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
PD	DAVID C BROWN	4101 EVANS AVE	FT MYERS, FL 33901

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)(f), 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:



DAVID C BROWN

4/20/03

Date

239 275-1176

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

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WPK

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239) 936-7200
Fax Number : (239) 936-7997

CORPORATION REINSTATEMENT

MEXMASTERS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$908.75

*Act. Bal. Shogan
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