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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 13 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015682

1. Corporation Name

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

2. Principal Office Address	3. Mailing Office Address
4101 EVANS AVE	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 ☒ $8.75 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: _____ Date: 4/20/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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)(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: _____ DAVID C BROWN 4/20/03 239 275-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2ak

Florida Department of State

Division of Corporations
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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.

Act. Bal due Ben +

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