

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT

FLOIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P98000049452**

1. Corporation Name
MAS MANAGEMENT SERVICES, INC.

FILED
99 DEC 13 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **300 N. A1A M105 JUPITER FL 33477**

Mailing Address: **300 N. A1A M105 JUPITER FL 33477**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

4/30/99 90105000 \$150.00

2. New Principal Office Address, If Applicable: **214 2nd Lane**

3. New Mailing Office Address, If Applicable: **214 2nd Lane**

4. Date Incorporated or Qualified To Do Business in Florida: **06/01/1998**

City & State: **Palm Beach Gardens, FL**

Country: **USA**

Zip: **33418**

5. FEI Number: **59-3523869**

Applied For: Not Applicable

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
<input checked="" type="checkbox"/>	SIDDELL, DANIEL	2105 COVE LANE	JUNO BEACH FL 33408
<input type="checkbox"/>	P/D May, Janet	214 2nd Lane	Palm Beach Gardens, FL 33418
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAY, JANET
300 N. A1A M105
JUPITER FL 33477

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **214 2nd Lane**

Suite, Apt. #, Etc.: _____

City: **Palm Beach Gardens, FL**

State: **FL** Zip Code: **33418**

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: *Janet May* Date: 12-9-99

REGISTERED AGENT MUST SIGN

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: *Janet L. May* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22300 (8/99)



2

10-25-99

I did not receive "changes form" to my knowledge. Attached is the cancelled check to confirm my correspondence with you concerning my timely filing. Changes are made on this form.

Please advise,

Janet May 10-25-99

New address:

214 2nd Lane

Palm Beach Gardens, FL
33418