

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1612

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 16 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065575

1. Corporation Name

MEXMASTERS CORAL SPRINGS INC
4101 EVANS AVE
FT 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**

7/27/98

5. FEI Number

65-0859809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

Name

Green, Bruce D

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-4-03

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Brown, David C | 4101 Evans Ave | Ft Myers, FL 33901 |
| | | | <i>[Signature]</i> |
| | | | |
| | | | |
| | | 400016116374 | |
| | | | |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

239 225-1176

Daytime Phone #

5005

CR2E081 (10/02)



2012

ACCOUNT NO. : 072100000032

REFERENCE : 048224 5490A

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$ 908.75

ORDER DATE : April 16, 2003

ORDER TIME : 9:58 AM

ORDER NO. : 048224-005

CUSTOMER NO: 5490A

CUSTOMER: Michael Christiansen, Esq
Mastriana & Christiansen
1500 North Federal Highway
Suite 200
Fort Lauderdale, FL 33304

DOMESTIC FILINGS

NAME: MEXMASTERS CORAL SPRINGS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

RECEIVED
APR 16 2003
EXAMINER INITIALS
DIVISION OF CORPORATION