

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000066378**

1. Corporation Name

MAASER INVESTMENTS, INC.

Principal Place of Business

201 NE FIRST AVE
DELRAY BEACH FL 33444

Mailing Address

201 NE FIRST AVE
DELRAY BEACH FL 33444

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1998

5. FEI Number

65-0862866

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	SARAGA, ROBERT S	201 NE FIRST AVE	DELRAY BEACH FL 33444

500024180949
10/27/03--01126--023 **158.75

8. Name and Address of Current Registered Agent

SARGA AND LIPSHY P.A.
201 NE FIRST AVE
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/09/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (7/03)

**MASSER INVESTMENTS, INC.
201 N.E. FIRST AVENUE
DELRAY BEACH, FLORIDA 33444
561-330-0660**

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: **MAASER INVESTMENTS, INC.**

To Whom It May Concern:

This letter shall acknowledge receipt of the Notice of Administrative Dissolution or Revocation for Maaser Investments, Inc. ("Maaser"). Please be advised that Maaser had not received its 2003 Uniform Business Report Packet or any notices of delinquent filing for Maaser. By way of this letter Maaser is asking that the Division of Corporations reinstate Maaser Investments, Inc. without a penalty.

Enclosed herewith, please a check made payable to the Florida Department of State for the amount of \$158.75 and Application for Reinstatement. The check represents the amount for the reinstatement and a Certificate of Status. The Certificate of Status should be mailed to undersigned's attention at the above address.

Should you have any questions or comments, please do not hesitate to call the undersigned.
Thank you.

Sincerely yours,



ROBERT S. SARAGA
President

Enclosures