

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 25 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000005101

**1. Corporation Name**

MEXMASTERS RALEIGH FALLS, 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**

1/19/99

**5. FEI Number**

65-0888497

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

**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 #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

2al<sup>2</sup>

ACCOUNT NO. : 072100000032

REFERENCE : 069583 5490A

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 1058.75

ORDER DATE : April 25, 2003

ORDER TIME : 11:42 AM

ORDER NO. : 069583-005

CUSTOMER NO: 5490A

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

DOMESTIC FILINGS

NAME: MÉXMASTERS RALEIGH FALLS, INC.

RECEIVED  
03 APR 25 PM 12:57  
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

*[Signature]*