

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 JUN 24 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# **P99000036433**

1. Corporation Name

**MASTER IMPORT & EXPORT, INC.**

2. Principal Office Address

**6124 NW 74th AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**6124 NW 74th AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33166**

Country

**US**

Zip

**33166**

Country

**US**

200056403372

06/21/05--01066--008 \*\*\*450.00

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1999

5. FEI Number

**65-0928654**

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

**TAX HOUSE CORPORATION**

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

**1261 E SAMPLE RD**

Suite, Apt. #, Etc.

City

**POMPANO BEACH**

State  
**FL**

Zip Code  
**33064**

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

REGISTERED AGENT MUST SIGN

Date

**06/17/05**

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
<b>D</b>	<b>JOSE WAGNER P. DE ANDRADE</b>	<b>6124 NW 74th AVE</b>	<b>MIAMI, FL 33166</b>

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)(1), 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

**06/17/2005**

Daytime Phone #

**(325) 618-6823**

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2005 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*  
**P99000036433**  
**MASTER IMPORT & EXPORT, INC.**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant. Please find enclose a check of \$ 450.00 for 2003, 2004 and 2005 UBR fees.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

Jose Wagner Pereira de Andrade  
Master Import & Export.