

## APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 13 PM 2:00



DOCUMENT # P99000054789

1. Corporation Name

MAS REAL ESTATE CORP.

Principal Place of Business

Mailing Address

7900 GLADES ROAD STE 410  
BOCA RATON FL 334347900 GLADES ROAD ~~STE 410~~  
BOCA RATON FL 33434

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1999

5. FEI Number

65-0932538

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MONTANTI, VINCENT J	7900 GLADES ROAD STE 410	BOCA RATON FL 33434

8. Name and Address of Current Registered Agent

MONTANTI, VINCENT J

7900 GLADES ROAD ~~STE 410~~  
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

~~SUITE 410~~ SUITE 440

City

State

Zip Code

FL

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

Date 10-27-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-27-00

Daytime Phone # 561-477-3773

Vincent J. Montanti, CLU, ChFC, REBC  
President



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MONTANTI ADVISORY SERVICES, INC.  
Specialists in Developing Financial Strategies  
in Executive Benefits and Estate Planning

Montanti Advisory Services, Inc.  
7900 Glades Road  
Suite 440  
Boca Raton, FL 33434  
Telephone (561) 477-3773  
Facsimile (561) 451-0695  
National (888) 477-3773  
<http://www.montanti.com>

November 16, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: MAS Real Estate Corp.**

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Gentleman/Madam:

This letter is in response to your Notice of Administrative Dissolution Or Revocation received by the above mentioned taxpayer. The original annual report was sent to the wrong address. The address reflected on the state form shows a suite number of 410. The correct suite number is 440.

We are requesting abatement of the \$600 reinstatement fee due to the reason stated above. We are enclosing a check in the amount of \$150 this covers the annual report fee and corporate supplemental fee for 2000.

If you have any questions, please do not hesitate to call.

Sincerely,  
MAS REAL ESTATE CORP.

  
Vincent J. Montanti

VJM/dmf

Enclosures