

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 OCT -9 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000094753**

1. Corporation Name

MASTER TRANSMISSION SPECIALIST, INC.

2. Principal Office Address

7395 S.W. 42ND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

7395 S.W. 42ND ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

Zip

33155

Country

100003455121--7

-11/07/00--01066--015

\*\*\*\*758.75 \*\*\*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

10-27-99

5. FEI Number

☒ 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

JOSEPH R. ORTEGA

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

13851 S.W. 10TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

*Joseph R. Ortega*  
REGISTERED AGENT MUST SIGN

Date 10-6-2000

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
P/D	JOSEPH R. ORTEGA	13851 S.W. 10TH TERRACE	MIAMI, FL, 33184

REINSTATEMENT 2000

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:

*Joseph R. Ortega*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-2000

Daytime Phone #

(305) 439-8021

CR2E081 (9/99)