PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046930

1. Corporation Name
MASTERFACTOR, INC

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
929 CLINT MOORE ROAD	929 CLINT MOORE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: PALM BEACH	Zip: 33487 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/98

5. FEI Number: 65-0912702 ☐ 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: ROBERT GUTTLIEB c/o MASTERFACTOR, INC

Street Address (P.O. Box Number is Not Acceptable): 929 CLINT MOORE ROAD

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33487

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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: 11/17/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
C	PETER BRODSKY	3969 NW 52 ST	BOCA RATON, FL 33496
P	HOWARD KOSLOW	5234 WINDSOR PARKE DR.	BOCA RATON, FL 33496
T, S	FRED LEDLER	576411 BOCA CLUB WAY	BOCA RATON, FL 33433
EX. V.P.	LAWRENCE LEDLER	5118 WINDSOR PARKE DR	BOCA RATON, FL 33496
VP	ROBERT GUTTLIEB	10577 MEADOWLARK LANE	BOCA RATON, FL 33428

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: _____ LAWRENCE LEDLER 11/17/00 561-995-0699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #