PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MAS502

CORPORATION REINSTATEMENT

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

FILED
01 JAN 22 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94446

1. Corporation Name
MASSEY, CLARK, FISCHER, INC

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
1800 AUSTRALIAN AVE S	SAME
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.
City & State: WEST PALM BEACH	City & State: FL.
Zip: 33409 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 8/12/82 SP

5. FEI Number: 59-2213488 ☐ 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: H. W. MASSEY, JR.

Street Address (P.O. Box Number is Not Acceptable): 1877 Emilid Lane

Suite, Apt. #, Etc.:

City: West Palm Beach State: FL Zip Code: 33406

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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 617.0505, F.S.

Signature of Registered Agent X BY: [signature], VP Date 1/17/01
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
CHAIRMAN	HARRY W. MASSEY, SR	7330 WEST LAKE DR	WEST PALM BEACH, FL 33406
PRESIDENT	WILLIAM C CLARK	100 SEVILLE RD. S	WEST PALM BEACH, FL 33405
V.P.	FRANCK D. MASSEY	1007 NORTH FLAGLER DR	WEST PALM BEACH, FL 33401
V.P.	ERIC J. FISCHER	4684 BUCIDA ROAD	BOYNTON BEACH, FL 33436
V.P.	H.W. MASSEY, JR.	1877 EMILID LANE	WEST PALM BEACH, FL 33406

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 X BY: [signature], VP 1/17/01 561-478-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #