PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 13 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94446

1. Corporation Name
MASSEY, CLARK, FISCHER, INC

600013266976
02/28/03--01015--018 **908.75

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
400 EXECUTIVE CENTER DR	400 EXECUTIVE CENTER DR
Suite, Apt. #, etc. SUITE 205	Suite, Apt. #, etc. SUITE 205
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/12/82

5. FEI Number 59-2213488 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Suite, Apt. #, Etc. SAME AS ABOVE

City | State FL | Zip Code

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 BY: [signature], PRESIDENT Date 2/12/03

REGISTERED AGENT MUST SIGN

CR2E061 (3/01)

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
PRES.	H.W. "HANK" MASSEY, JR	1877 EMILIO LANE	WEST PALM BCH, 33406
EXEC. V.P.	ERIC J FISCHER	11708 RIVERCHASE RUN	WEST PALM BCH, 33412
V.P./S.	FRANCK D. MASSEY	1007 N. FLAGLER DR	WEST PALM BCH, 33401

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: BY: [signature], PRESIDENT 2/12/03 561-478-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #