

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K00943

1. Corporation Name

MASTERLIFT, INCORPORATED

Principal Place of Business

Mailing Address

~~9825 Osceola Blvd~~  
~~Vero Beach, FL 32966~~

~~9825 Osceola Blvd~~  
~~Vero Beach, FL 32966~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
6600 NW 32nd Ave.

3. New Mailing Office Address, if Applicable  
6600 NW 32nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33147

Country  
USA

Zip  
33147

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/87

5. FEI Number

65-0251960

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert H. Davis Jr.	384 NE 94th St.	Miami Shores, FL 33138
V.	William A. Davis	395 NE 100 St	Miami Shores, FL 33138
V/T/S	Robert H. Davis III	9875 NE 12th Ave.	Miami Shores, FL 33138
			800002705038--6 -12/07/98--01143--019 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

~~William A. Davis~~  
~~635 34th Ter.~~  
~~Vero Beach, FL 32968~~

9. Name and Address of New Registered Agent

Name  
Robert H. Davis III  
Street Address (P.O. Box Number is Not Acceptable)  
9875 NE 12th Ave.  
Suite, Apt. #, Etc.

City  
Miami Shores  
State  
FL  
Zip Code  
33138

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 23 NOV 98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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]*

Robert H. Davis III

23 NOV 98

305.691.9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

98 DEC -2 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95 98

CR2E040 (1/98)