

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042901

Entity Name: MASTERCRAFT, LLC

FILED
Oct 15, 2004
Secretary of State

Current Principal Place of Business:

7550 HINSON ST., UNIT 9A
ORLANDO, FL 32819

New Principal Place of Business:

7550 HINSON ST.
9A
ORLANDO, FL 32819

Current Mailing Address:

7550 HINSON ST., UNIT 9A
ORLANDO, FL 32819

New Mailing Address:

7550 HINSON ST.
9A
ORLANDO, FL 32819

FEI Number: 90-0119831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORIO, WILLIAM
3716 VINELAND RD.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

CORIO, WILLIAM
7550 HINSON ST
9A
ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM CORIO

10/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CORIO, WILLIAM C MGRM
Address: 7550 HINSON ST 9A
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Change (X) Addition
Name: DIEUX, RONALD MGR
Address: 7760 WINDBREAK RD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM CORIO

MGRM

10/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date