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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45139

REINSTATEMENT 92-07

1. Corporation Name

Mastercraft Florida I, Inc.

2. Principal Office Address	3. Mailing Office Address
2525 St. Laurent Blvd.,	2525 St. Laurent Blvd.,
Suite 204	Suite 204
Ottawa, Ontario	Ottawa, Ontario
K1H 8P5 / Canada	K1H 8P5 / Canada

4. Date Incorporated or Qualified To Do Business In Florida: 1/21/87

5. FEI Number: 98-0105029 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Sue G. Knight as its agent Date: 9-5-2007

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
COB	John Greenberg	1876 Highland Terrace	Ottawa, Ont. K1H 5A6
P CEO	Bruce Greenberg	25 The Bridle Path	North York, Ont. M2L 1C9
VP	Bruce McMahon	53 Pepperrall Crescent	Ottawa, Ont. K2J 3V9

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(s) 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 contained in Chapter 119, F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John Greenberg — Aug 23, 2007 — 6132477616

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

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Florida Department of State
Division of Corporations
Public Access System

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From:
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CORPORATION REINSTATEMENT

MASTERCRAFT FLORIDA I, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$3,008.75

Susan Knight ex 285b 214013

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