## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M45139

Entity Name: MASTERCRAFT FLORIDA I, INC.

FILED Dec 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2525 ST. LAURENT BLVD., STE. 204 2525 ST. LAURENT BLVD., STE. 204 OTTAWA, ONTARIO OTTAWA, ONTARIO

K1H 8P5 CANADA, XX K1H 8P5 CANADA, 00 CANADA XX

Current Mailing Address: New Mailing Address:

2525 ST. LAURENT BLVD., STE. 204 2525 ST. LAURENT BLVD., STE. 204

OTTAWA, ONTARIO OTTAWA, ONTARIO

K1H 8P5 CANADA, XX K1H 8P5 CANADA, 00 CANADA XX

FEI Number: 98-0105029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: KAREN PARR

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB ( ) Delete Title: COB (X) Change ( ) Addition

 Name:
 GREENBERG, JOHN
 Name:
 GREENBERG, JOHN

 Address:
 1876 HIGHLAND TERRACE
 Address:
 1876 HIGHLAND TERRACE

City-St-Zip: OTTAWA, ONT. CANADA K1H 5A6, XX City-St-Zip: OTTAWA, ONT. CANADA K1H 5A6, 00 CANADA XX

Title: PCEO ( ) Delete Title: PCEO (X) Change ( ) Addition

Name:GREENBERG, BRUCEName:GREENBERG, BRUCEAddress:25 THE BRIDLE PATHAddress:25 THE BRIDLE PATH

City-St-Zip: NORTH YORK, ONT. K1H 5A6, XX City-St-Zip: NORTH YORK, ONT. K1H 5A6, 00 CANADA XX

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: MCMAHON, BRUCE Name: MCMAHON, BRUCE

Address: 53 PEPPERRALL CRESCENT Address: 53 PEPPERRALL CRESCENT

City-St-Zip: OTTAWA, ONT. K2J 3V9, XX City-St-Zip: OTTAWA, ONT. K2J 3V9, 00 CANADA XX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GREENBERG COB 12/08/2009