

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00

DOCUMENT # P00000053993

1. Corporation Name

MASTERSON HOLDING CO. #1 INC.

Principal Place of Business

Mailing Address

3114 NE 23RD ST
FT LAUDERDALE FL 33305

3114 NE 23RD ST
FT LAUDERDALE FL 33305



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

2. New Principal Office Address, If Applicable

3114 NE 23RD CT

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33305

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MASTERSON, THOMAS	3114 NE 23RD CT 3114 NE 23RD CT	FT LAUDERDALE FL 33305
D	MASTERSON, Amy	3114 NE 23RD CT	FT LAUD, FL 33305
			700004713647--1 -12/07/01--01004--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASTERSON, THOMAS
3114 NE 23RD ST
FT LAUDERDALE FL 33305

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Thomas Masterson

Date

11/7/01

REGISTERED AGENT MUST SIGN

11. 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:

Thomas Masterson (Thomas Masterson) Pres

Date

954-630-8883
11/7/01

Daytime Phone #

-2-

Dear Sims: Attachment

Enclosed is \$150
to honor fee.

We never received
any paperwork
regarding any other
files.

ADD → 23RD CT
NO 23RD ST