

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 28 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Matthew E. Harris

Secretary of State

DIVISION OF CORPORATION

DOCUMENT # P00000080423

1. Corporation Name

MASTERCLICK, INC.

2. Principal Office Address

1600 W Eau Gallie Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Melbourne, FL

Zip

32935

Country

USA

3. Mailing Office Address

1600 W Eau Gallie Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Melbourne, FL

Zip

32935

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3668784

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

William C Potter

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

1499 S. Harbor City Blvd.

Suite, Apt. #, Etc.

Suite 201

City

Melbourne

State  
FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

2/14/02

**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
Chairman	William R Tolley	4250 Pinewood Drive	Melbourne, FL 32934
President	Ray Jackman	2120 Grand Teton Court	Merritt Island, FL 32935
CEO	Juerg Grau	1600 W Eau Gallie Blvd Suite 201	Melbourne, FL 32935

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02

CR2081 (9/01)