PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -5 PM 4:36

CORPORATION REINSTATEMENT

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

DOCUMENT # P02000187180

1. Corporation Name

MASTERJOUND BUILDERS INC

2. Principal Office Address		**3.** Mailing Office Address	
5722 FLAMINGO ROAD #325			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
COOPER CITY			
Zip	Country	Zip	Country
33330	USA		

4. Date Incorporated or Qualified To Do Business in Florida 9/19/2003

5. FEI Number — 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: ANDREW CARR

600030385066
03/12/04--01051--016 **500.00

Street Address (P.O. Box Number is Not Acceptable): 5722 FLAMINGO ROAD

Suite, Apt. #, Etc.: 325

600030385066
03/12/04--01051--017 **400.00

City: COOPER CITY — State: FL — Zip Code: 33330

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: See Below — Date: 3/2/04

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
D.	ANDREW CARR	5722 FLAMINGO ROAD	COOPER CITY, FL 33330

10. I certify that I am an officer or director of the corporation 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: ANDREW CARR — 3/2/04

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