

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 21 AM 11:13

DOCUMENT # A07000045828

1. Corporation Name

Mastermind Management Inc.

2. Principal Office Address - No P.O. Box #

3936 NW 22nd St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 936047

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33066

Country

US

City & State

Margate, FL

Zip

33093

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2007

5. FEI Number

208820756

☐ 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

Christopher Liuzzo

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

3936 NW 22 St

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

200186946932
10/21/10--01028--006 **900.00

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

Chris Liuzzo

Date

10/14/10

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
<u>A</u>	<u>Chris Liuzzo</u>	<u>3936 NW 22 St</u>	<u>Coconut Creek FL</u> <u>33066</u>

10. E-mail Address: ChrisOTM@AOL.com

(To be used for future annual report notification)

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. I further certify, 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:

Chris Liuzzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/10

Daytime Phone #

(954) 594-2167