PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065537

1. Corporation Name

MASSA COMPUTER CORP.

Principal Place of Business	Mailing Address
~~8 KINTYRE ROAD~~ ~~PALM BEACH GARDENS FL 33418~~ US	~~8 KINTYRE ROAD~~ ~~PALM BEACH FL 33418~~ US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
9977 WESTVIEW DRIVE	9977 WESTVIEW DRIVE
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. #110
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip / Country 33076 / U.S.A.	Zip / Country 33076 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/1993

5. FEI Number: 11-2936157 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MASSA, MICHAEL T	~~8 KINTYRE ROAD~~ 9977 WESTVIEW DR, #110	~~PALM BEACH GARDENS FL~~ CORAL SPRINGS, FL 33076
			500002311385--0 -10/03/97--01080--009 ****923.75 ****923.75

REINSTATEMENT 9/6-97 10/2/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MASSA, MICHAEL T. ~~8 KINTYRE ROAD~~ ~~PALM BEACH GARDENS FL 33418~~	Name: MASSA MICHAEL T. Street Address (P.O. Box Number is Not Acceptable): 9977 WESTVIEW DRIVE Suite, Apt. #, Etc.: #110 City: CORAL SPRINGS State: FL Zip Code: 33076

CR2E040 (7/96)

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 _____ Date 8/20/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 8/20/97 954-344-4447

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

Michael T. Massa