

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 26 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033790

1. Corporation Name

CII MASTER, Inc.

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

1465 Cypress Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1815 Griffin Road

Suite, Apt. #, etc.

207

City & State

Melbourne, FL

City & State

Dania, Florida

Zip

32935

Country

US

Zip

33004

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-1995

5. FEI Number

593316481

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

David A. Chenkin, Esq.

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

1815 Griffin Road

Suite, Apt. #, Etc.

207

City

Dania

State

FL

Zip Code

33004

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David A. Chenkin

Date 1-23-2008

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
PCEO	Bede, Jessica	6 Arrow Road	Ramsey, NJ 07446
VP	Gilner, Samuel	6 Arrow Road	Ramsey, NJ 07446

REINSTATEMENT

04-09

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 contained in Chapter 119, 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

1-23-2009

Date

201-825-9500

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 869959 7145809

AUTHORIZATION :

COST LIMIT : \$ 1500.00

Spivey

ORDER DATE : January 23, 2009

ORDER TIME : 8:42 AM

ORDER NO. : 869959-005

CUSTOMER NO: 7145809

DOMESTIC FILINGS

NAME: CII MASTEK, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____

RECEIVED
09 JAN 26 AM 9:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA