
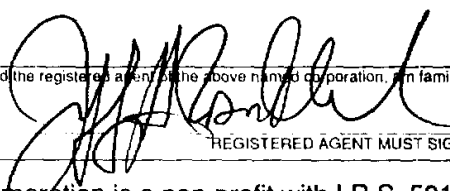
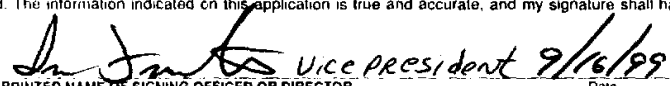


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 SEP 23 AM 8:28 STATEMENT 99-99	
DOCUMENT # P 96000038756					
1. Corporation Name M.A.D. HOLDINGS, INC.					
Mailing Address 8 SW 23d St. Ft. Lauderdale, FL 33315		Principal Place of Business 8 SW 23d St. Ft. Lauderdale, FL 33315			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable 2424 N. Federal Highway Suite Apt. #, etc. Suite 460 Boca Raton, FL 33431		3. New Principal Office Address, If Applicable 21000 Boca Rio Road Suite, Apt. #, etc. Suite A14 Boca Raton, FL 33433		4. Date Incorporated or Qualified To Do Business in Florida 04-30-96	
City & State Boca Raton, FL		City & State Boca Raton, FL 33433		5. FEI Number 65-0662865	
Zip 33431		Country USA		Applied For <input type="checkbox"/> Not Applicable	
33433		USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/D	Lawrence Pinkoff	21000 Boca Rio Road, Ste A14	Boca Raton, FL 33433		
VP/D	Ira Fruchtmann	21000 Boca Rio Road, Ste A14	Boca Raton, FL 33433		
			400002996574--2		
			-09/24/99--01075--002		
			***1058.75 ***1058.75		
			J. Fruchtmann		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Lawrence Pinkoff 2442 Fillmore Street Hollywood, FL 33020			Name Jeffrey H. Rosenthal, Esq. Street Address (P.O. Box Number is Not Acceptable) 2424 N. Federal Highway, Suite, Apt. #, Etc. Suite 460 City Boca Raton		
			State FL Zip Code 33431		
10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 		Date 9/16/99			
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Ira Fruchtmann 		Vice President 9/16/99 561-391-1304 Date Daytime Phone #			

CR23C40 (8-94)