

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038756

1. Corporation Name
M.A.D. Holdings, Inc.

2. Principal Office Address
3750 N.W. 114th Avenue

Suite, Apt. #, etc.
Suite One

City & State
Miami, Florida

Zip Country
33178 USA

3. Mailing Office Address
3750 N.W. 114th Avenue

Suite, Apt. #, etc.
Suite One

City & State
Miami, Florida

Zip Country
33178 USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida **April 30, 1996**

5. FEI Number **65-0662865**

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 **Lawrence D. Pinkoff**

Street Address (P.O. Box Number is Not Acceptable) **5721 Oakview Terrace**

Suite, Apt. #, Etc.

City **Hollywood**

State Zip Code
FL 33312

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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

Lawrence D. Pinkoff
REGISTERED AGENT MUST SIGN

Date **11/20/02**

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
PSTD	Lawrence D. Pinkoff	5721 Oakview Terrace	Hollywood, Florida 33312

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 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:

Lawrence D. Pinkoff

Lawrence D. Pinkoff, President **11/20/02 954 520-6925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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