

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000083150

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Entity Name:** MASTERS FAMILY ENTERPRISES, INC.

**Current Principal Place of Business:**

3453 SOUTHCREST BLVD  
LAKELAND, FL 33813

**New Principal Place of Business:**

3453 SOUTHCREST BLVD  
LAKELAND, FL 33813 UN

**Current Mailing Address:**

3453 SOUTHCREST BLVD  
LAKELAND, FL 33812

**New Mailing Address:**

**FEI Number:** 59-3473923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, WILLIAM C  
3453 SOUTHCREST BLVD  
LAKELAND, FL 33812 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** WILLIAM MASTERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MASTERS, WILLIAM C.  
**Address:** 3453 SOUTHCREST BLVD  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** S  
**Name:** MASTERS, JULIE P  
**Address:** 3453 SOUTHCREST BLVD.  
**City-St-Zip:** LAKELAND, FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM MASTERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/29/2014

\_\_\_\_\_  
Date