

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 00 11 05 AM '98

DOCUMENT # P98000007711

1. Corporation Name

MASTER TAPE, INC.

Principal Place of Business

7602 MISTLETOE CT.  
ORLANDO FL 32807

Mailing Address

7602 MISTLETOE CT.  
ORLANDO FL 32807

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

2. New Principal Office Address, If Applicable

12205 Forsyth Rd.

Suite, Apt. #, etc.

Suite D

City & State

Orlando Florida

Zip

32807

Country

3. New Mailing Office Address, If Applicable

P.O. Box 247

Suite, Apt. #, etc.

City & State

Goldenrod, FL

Zip

32733

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1998

5. FEI Number

59-3626780

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 3	City / State / Zip 4
DPST	FRANKLIN, RICHARD	7602 MISTLETOE CT.	ORLANDO FL 32807
VP	FRANKLIN, RICHARD	7602 MISTLETOE CT.	ORLANDO FL 32807

500003440765--5  
-10/26/00--01072--011  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

FRANKLIN, RICHARD  
7602 MISTLETOE CT.  
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name

Richard Franklin

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

7602 Mistletoe Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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

*Richard Franklin*  
REGISTERED AGENT MUST SIGN

Date

1/19/00

11. 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:

*Richard Franklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/00

Daytime Phone #