

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000046930**

1. Corporation Name

MASTROFACTOR, INC.

2. Principal Office Address

929 CLINT MOORE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

929 CLINT MOORE ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

Country

33487 PALM BEACH

Zip

Country

33487 PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/98

5. FEI Number

65-0912702

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

ROBERT GOTTLIEB c/o MASTROFACTOR, INC.

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

929 CLINT MOORE ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

Robert Gottlieb

REGISTERED AGENT MUST SIGN

Date **11/17/00**

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
C	PETER BROWOFF	3969 NW 52 ST	BOCA RATON, FL 33496
P	HAROLD KESLOW	5234 WILSON PARK DR.	BOCA RATON, FL 33496
T.S.	FRED LODER	576411 PERSIMMON CLUB WAY	BOCA RATON, FL 33433
V.P.	LAURENCE LODER	5118 WILSON PARK DR	BOCA RATON, FL 33496
VP	ROBERT GOTTLIEB	10577 MENDOCINO LANE	BOCA RATON, FL 33428

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence Loder LAURENCE LODER

11/17/00
Date

561-995-0699
Daytime Phone #

CR2E081 (9/99)