

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 15 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059750

1. Corporation Name

MASTER CONTROL Enterprises, Inc.

500030467245  
03/15/04--01033--011 \*\*300.00

2. Principal Office Address

27 TOLEDO CT.

Suite, Apt. #, etc.

City &amp; State

DAVIE FL

Zip

33324

Country

3. Mailing Office Address

27 TOLEDO CT

Suite, Apt. #, etc.

City &amp; State

DAVIE FL

Zip

33324

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/99

5. FEI Number

65-0931841

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

CHARLES SCHER

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

7700 Congress Avenue

Suite, Apt. #, Etc.

Suite 1105

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

REGISTERED AGENT MUST SIGN

Date

2/4/04

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Tom Willingham                       | 27 Toledo Ct                                      | DAVIE FL 33324     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

Willingham Tom Willingham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

954-474 0127

TR

CR2E081 (10/02)

**MASTER CONTROL ENTERPRISES, INC.**

27 Toledo Court  
Davie, FL 33324

The Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

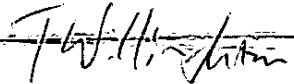
Dear Sir:

Re: Master Control Enterprises, Inc. P 99000059750

The registered agent for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2003 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Tom Willingham  
President