PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 23 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99276**

1. Corporation Name

THE MASS FAMILY CORPORATION

Principal Place of Business	Mailing Address
~~C/O SCHULTE ROTH & ZABEL~~ ~~777 S. FLAGLER DR., WEST TOWER STE. 1002~~ ~~WEST PALM BEACH FL 33401~~	~~C/O SCHULTE ROTH & ZABEL~~ ~~777 S. FLAGLER DR., WEST TOWER STE. 1002~~ ~~WEST PALM BEACH FL 33401~~

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
c/o Honigman Miller et al	c/o Honigman Miller et al
Suite, Apt. #, Etc. 222 Lakeview Ave, Suite 800	Suite, Apt. #, Etc. 222 Lakeview Ave, Suite 800
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1991

FEI Number: 65-0299536 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DPT	MASS, JEFFREY T	1230 NW 18TH AVE	DELRAY EBHAC FL
DVS	MASS, STUART R	6 NAUTILUS AVE	PLAINVIEW NY
D	SILVERMAN, JOANNE M	10 DANVILLE DR	GREENLAWN NY

900000203842 3--4
-12/26/96--01035--024
****37.50 ****375.00

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12/23/96

8. Name and Address of Current Registered Agent

KOCHMAN, RONALD S.
C/O SCHULTE ROTH & ZABEL
777 S. FLAGLER DR., WEST TOWER - STE 1002
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: RONALD KOCHMAN
C/O HONIGMAN MILLER SCHWARTZ AND COHN
Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Ave, Suite 800
Suite, Apt. #, Etc.:
City: West Palm Beach State: FL Zip Code: 33401

CR2E040 (7/96)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/10/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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] JEFFREY T. MASS 10/24/96 407 2650579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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