

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S99276**

1. Corporation Name
THE MASS FAMILY CORPORATION

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

Principal Place of Business Mailing Address
~~C/O SCHULTE ROTH & ZABEL~~ ~~C/O SCHULTE ROTH & ZABEL~~
777 G. FLAGLER DR., WEST TOWER STE. 1002 777 G. FLAGLER DR., WEST TOWER STE. 1002
WEST PALM BEACH FL 33401 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 c/o Honigman Miller et al 222 Lakeview Ave, Suite 800 West Palm Beach, FL 33401 USA		3. New Mailing Office Address, If Applicable c/o Honigman Miller et al 222 Lakeview Ave, Suite 800 West Palm Beach, FL 33401 USA		4. Date Incorporated or Qualified To Do Business in Florida 12/09/1991
City & State		City & State		5. Federal Number 65-0299536
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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
			5100002038429--4 -12/26/96--01035--024 ****375108 ****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
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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]* Date: 12/21/96

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]* SECRETARY T. MASS Date: 12/24/96 Daytime Phone #: 407 2650579