2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

DOCUMENT # P04000044530

1. Entity Name
MB ART PRODUCTIONS CORP.

Principal Place of Business	Mailing Address
17096 COLLINS AVE #D404 SUNNY ISLES BEACH, FL 33160	17096 COLLINS AVE #D404 SUNNY ISLES BEACH, FL 33160

12192005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2100 Sans Souci Blvd.	2100 Sans Souci Blvd
Suite, Apt. #, etc.: B205	Suite, Apt. #, etc.: B205
City & State: North Miami FL	City & State: North Miami FL
Zip: 33181 Country: Miami Dade	Zip: 33181 Country: USA

4. FEI Number: 55-0861836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELLO, MILAGROS S ~~17096 COLLINS AVE #D404~~ ~~SUNNY ISLES BEACH, FL 33160~~ 2100 Sans Souci Blvd B205 North Miami FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, MILAGROS S 17096 COLLINS AVE #D404 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bello Milagros S 2100 Sans Souci Blvd # B205 North Miami FL 33181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600063540416 01/12/06--01009--004 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #