

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 17 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017547

1. Corporation Name

M & B BODY SHOP, INC.

Principal Place of Business

Mailing Address

14030 NW 22 AVE  
OPA LOCKA FL 33054

14030 NW 22 AVE  
OPA LOCKA FL 33054

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

02/23/1998

5. FEI Number

65-0828602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 A filing fee is 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FOSTER, MICHAEL	<del>75 NW 17 TERRACE</del> 14030 N.W. 22nd ave	<del>OPA - LOCKA, FL 33054</del> OPA - LOCKA, FL 33054
D	<del>MEUSE FOSTER, ADRIENNE M</del>	<del>75 NW 17 TERRACE</del>	<del>OPA - LOCKA, FL 33054</del>
			100003060971--2 -12/06/99--01011--007 ***150.00 ***150.00
			100003060971--2 -12/06/99--01011--008 ***600.00 ***600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOSTER, MICHAEL  
~~75 NW 17 TERRACE~~  
~~OPA - LOCKA, FL 33054~~

14030 N.W. 22nd ave  
OPA - LOCKA, FL 33054

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

*Michael Foster* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11. 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:

*Michael Foster* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE