



# 2504 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 439831</b>				<b>FILED</b>	
1. Entity Name <b>MR. B, INC.</b>				04 NOV -4 AM 9:25	
Principal Place of Business <b>5389 NOB HILL ROAD SUNRISE, FL 33351</b>		Mailing Address <b>5389 NOB HILL ROAD SUNRISE, FL 33351</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business <b>1255 S. Powerline Rd</b>		3. Mailing Address <b>Same as # 2</b>		 <b>REINSTATEMENT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		F022884 REINSTATEMENT F022884 (6/04) 04	
City & State <b>Pompano Beach FL</b>		City & State		4. FEI Number <b>59-1497273</b>	
Zip <b>33069</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BERKOWITZ, JEROME D. 5389 NOB HILL ROAD SUNRISE, FL 33351</b>		7. Name and Address of New Registered Agent Name <b>Jerome D. Berkowitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1255 S. Powerline Rd</b> City <b>Pompano Beach</b> FL Zip Code <b>33069</b>			
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 <b>Jerome D. Berkowitz</b> DATE <b>11/2/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>		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 BERKOWITZ, JEROME D. 7137 PROMANADE DR BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042476953 11/04/04--01049--013 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <b>Jerome D. Berkowitz</b> DATE <b>11/2/04</b> 954-749-4401 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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