

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 # 505815

1. Corporation Name
MFS, CO.

FILED
 97 SEP 19 AM 8:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

8575 N. W. 79 AVENUE BAY 2 & 3 MIAMI, FLORIDA 33166 **8575 N. W. 79 AVENUE BAY 2 & 3 MIAMI, FLORIDA 33166**

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

REINSTATEMENT *96-97*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/76	
City & State		City & State		5. FEI Number	
Zip		Country		59-167958	
				Applied For	
				Not Applicable	
				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
PD	JOHNSTON, CHARLES	9710 S. W. 77 STREET	MIAMI, FLORIDA 33173
EXV	JOHNSTON, EDWARD	75 B GOLDHURST TERRACE	LONDON, ENGLAND
D	JOHNSTON, DAVID	21 WINDWARD ROAD	KINGSTON 16, JAMAICA
D	JOHNSTON, AARON	6527 S. W. 116 PLACE	MIAMI, FLORIDA 33173
D	OSBORNE, HUGH	420 N. E. 158 STREET	N.M.B., FLORIDA 33162
S	CHIN, LAURICE	8575 N. W. 79 AVENUE	MIAMI, FLORIDA 33166

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STINSON, LOUIS, Jr. 4675 PONCE DELEON BOULEVARD SUITE 305 CORAL GABLES, FLORIDA 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		600002300876--0 -09/23/97--01046--005 ***915-00 State Zip Code ***915-00 FL	

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: **9-8-97**

REGISTERED AGENT MUST SIGN

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]* **9. 8. 97** (205) 885-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HUGH OSBORNE/DIRECTOR

CPRE040 (1/2/96)