PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
REINSTATEMENT So	DEPARTMENT OF STATE ecretary of State ION OF CORPORATIONS	15 MAY AM 9: 13	
DOCUMENT # 770 210 1. Corporation Name M. B. R. Corporation 2. Principal Office Address No P.O. Box # 3. Mailing Office	ALL AASSE	F.FLOREDA	
DOG SKIFF Point WG SKIFF Print SUITE, APT W, etc.		CR2E081 (11/10) 4. Date incorporated or Qualified To Do Business in Florida	
Clearwater FZ Clearwater FZ ZIP COUNTRY ZIP COUNTRY 33767 US 33767 US		5. FET Number S 7 3 5 2 5 9 6 Not Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.	
7. Name and Address of Current Registered Agent Name Name Street Address (IP.O. BOX Number is Not Acceptable) Suite, Apt. W. Etc. Suite, Apt. W. Etc. Suite, Apt. W. Etc.			
State Zip Code FL 03050		ó	
Signature of Registered Agent REGISTERED AGENFMUST SigN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea		Date 4/28/15.	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	at o director by	City / State / Zip
P/D EOWARD OUTN WEHWER	276 SKSF RIN	73767 C	lugr 33767
T/D Daniel //kmss Store	430 Larboard	Way &	Just 33767
D. Joseph R Baker, JR	1481 KIVEYDS/C		5 MAY 34679
NEINSTATEMENT		3	5. HAWKES
		E	MAY 2 8 A.M. XAMINER
10. E-mail Address: (To be used for future annual report notification)			
11. Leartify 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 centry 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., and that all fees owed by the corporation have been paid. Nurther certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as			

owed by the corporation have been paid. Hymner certify, the information indicated on this application is true and accurate, and my signature shall have the same regal effect as if made under oath. I am aware that talse information submitted in a document to fife Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

IGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Daytinu Phone # SIGNATURE: