PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 15 PM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004890

1. Corporation Name

M.B.S. MANAGEMENT SERVICES, INC

REINSTATEMENT 03

2. Principal Office Address		**3.** Mailing Office Address	
ONE GALLERIA BLVD		ONE GALLERIA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1950		1950	
City & State		City & State	
METAIRIE, LA		METAIRIE, LA	
Zip	Country	Zip	Country
70001		70001	

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/1999

5. FEI Number: 72-1107655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL B. SMUCK

600024430205
11/05/03--01013--022 **750.00

Street Address (P.O. Box Number is Not Acceptable): 13016 LEEDS COURT

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33612

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/31/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	MICHAEL B. SMUCK	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001
V	MARY LYNN GONZALES	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001
SCD	CAROL A SMUCK	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001

10. 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 B. SMUCK 10/31/03 504-836-5075

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

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MBS

December 4, 2003

Marquitta Williams
Document Specialist
Divisions of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Marquitta:

As you requested, I have had Michael B. Smuck, registered agent for MBS Management Services, Inc. sign the enclosed document. I am returning it to you for processing at this time.

Please let me know if you need any additional information to process this reinstatement. For your convenience, I can be reached be e-mail at sbeach@mbscompanies.com.

Sincerely,

Stephanie Cox Beach

Stephanie Cox Beach
Director of Financial Planning

The MBS Companies • One Galleria Boulevard, Suite 1950 • Metairie, LA 70001
(504) 836-5075 • Fax: (504) 836-5096
www.mbscompanies.com