

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPROVED
AND
FILED

98 DEC -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M39313**

1. Corporation Name
MPB, INC.

Principal Place of Business

23101 S. DIXIE HWY
GÓULDS FL 33170
US

Mailing Address

28400 S. DIXIE HWY.
HOMESTEAD FL 33030
US



REINSTATEMENT 97-98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2720359	
				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
P	BARRETT, JAMES P JR	28400 S. DIXIE HWY	HOMESTEAD FL
ST	BARRETT, JOHN P	28400 S. DIXIE HWY	HOMESTEAD FL

200002710292--8
-12/11/98--01068--037
****900.00 ****900.00

JR 12/10

8. Name and Address of Current Registered Agent

BARRETT, JAMES P JR
28400 S. DIXIE HWY
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *12-2-98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12-2-98* Daytime Phone # *305-258-4411*

CR2E040 (8/87)