

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M39313

1. Corporation Name
MPB, INC.

2. Principal Office Address
28400 S. Dixie Hwy

3. Mailing Office Address
28400 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, Florida

City & State
Homestead, Florida

Zip 33170 **Country** USA

Zip 33170 **Country**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2720359

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
BAPRETT JAMES P, Jr.
Street Address (P.O. Box Number is Not Acceptable)
28400 S. Dixie Hwy
Suite, Apt. #, Etc.

REINSTATEMENT *00* **TS**

City Homestead **State** FL **Zip Code** 33170

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 *J. Barrett Jr.*
REGISTERED AGENT MUST SIGN

Date 11-1-00

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
P	BARRETT JAMES P, Jr.	28400 S. Dixie Hwy	Homestead, Florida 33170
ST	BARRETT JOHN P.	28400 S. Dixie Hwy	Homestead, Florida 33170

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****750.00 ****750.00

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: *J. Barrett Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/12/00 **Daytime Phone #** (305) 245-3505

CR2E081 (9/99)