

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT # M39313

1. Corporation Name

MPB INC.

2. Principal Office Address

23101 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33170

Country

USA

3. Mailing Office Address

23101 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33170

Country

USA

800038497858  
07/14/04--01043--012 \*\*150.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1986

5. FEI Number

592720359

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

Teddy Montoto

Street Address (P.O. Box Number is Not Acceptable)

7721 SW 62nd Ave.

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33193

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-24-04

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
PTO	Nicholas Just	23101 S. Dixie Hwy.	Miami FL 33170
USD	Paul Perito	23101 S. Dixie Hwy.	Miami FL 33170
TR	Samuel Just	23101 S. Dixie Hwy.	Miami FL 33170

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)(l), 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:

*Samuel J. Just*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 28, 2004

Daytime Phone #

CR2E081 (01/04)