

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 19 AM 10:50

DOCUMENT # **P00000112500**

1. Corporation Name

MBD COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~1400 ALBERCA STREET
 MIAMI FL 33134~~

~~1510 GRANADA STREET
 MIAMI FL 33134~~



REINSTATEMENT 9

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

~~1510 Granada Blvd~~

~~1510 Granada Blvd~~

4. Date Incorporated or Qualified To Do Business in Florida

12/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

~~Coral Gables Fl.~~

City & State

~~Coral Gables Fl.~~

Zip ~~33134~~ Country ~~USA~~

Zip ~~33134~~ Country ~~USA~~

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PD	DELLANOS, MYRKA	1400 ALBERCA STREET 1510 Granada Blvd	MIAMI FL 33134
			8000004661208-3 -10/31/01-01057-011 ****758.75 ****758.75
			10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELLANOS, MYRKA

~~1400 ALBERCA STREET~~

~~MIAMI FL 33134~~

Name

← Same

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

1510 Granada Blvd.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Myrka Dellanos
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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)(f), 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:

Myrka Dellanos
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 (305) 471-4217

CR2E040 (8/01)