PLEASE READ ALL INSTUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIBA PARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P01000095832 DOCUMENT

1. Corporation Name

FLORIDA MBA, INC.

Principal Place of Business

Mailing Address

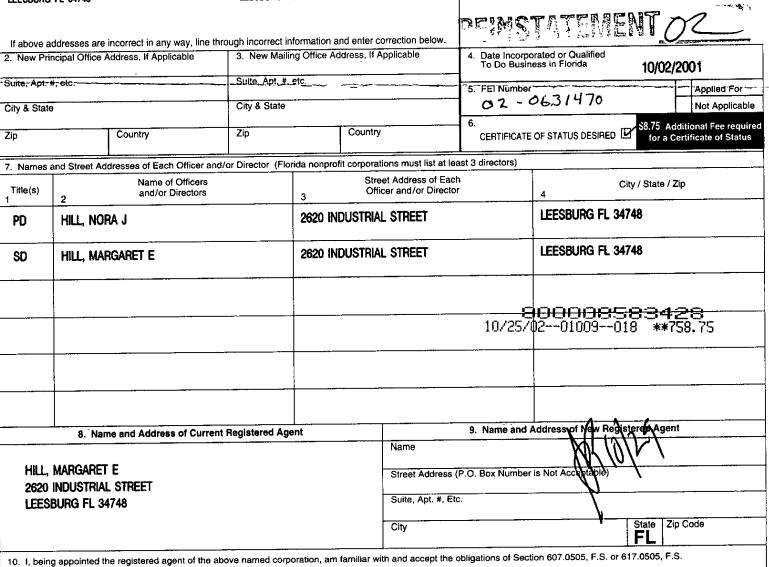
2620 INDUSTRIAL STREET LEESBURG FL 34748

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FILED

02 OCT 25 AM 11:51

SECHETARY OF STATE TALLAHASSEE, FLORIDA



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)(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 of Registered Agent

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Date 10-21-02