

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000109267

1. Corporation Name

MBRP, INC

FILED
09 FEB -6 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-09
22/10

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

232 Oceanic Ave

3. Mailing Office Address

232 Oceanic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE-BY-THE-SEA, FL

City & State

LAUDERDALE-BY-THE-SEA, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/2002

5. FEI Number

45-0463806

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

Bernard Petreccia

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

Suite, Apt. #, Etc.

City

LAUDERDALE-BY-THE-SEA

State

FL

Zip Code

33308

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bernard Petreccia

REGISTERED AGENT MUST SIGN

Date

Feb 2 / 2009

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
D	MARTINO PETRECCIA	3333 NE 38TH ST	FT. LAUDERDALE, FL. 33308
D	ROSETTA PETRECCIA	3333 NE 38TH ST	FT. LAUDERDALE, FL. 33308
D	BERNARD PETRECCIA	232 Oceanic Ave	LAUDERDALE-BY-THE-SEA, FL., 33308
D	RITA PETRECCIA	232 Oceanic Ave	LAUDERDALE-BY-THE-SEA, FL., 33308

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02/05/09--01039--020 **1200.00

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 contained in Chapter 119, 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:

Bernard Petreccia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 2 / 09 954-701-4100
Daytime Phone #