

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000028040

1. Corporation Name

M.R.B. CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

980 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138

980 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

508 SW 5th Ave apt 2
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

508 SW 5th Ave apt 2
Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33315

Country

USA

Zip

33315

Country



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2002

5. FEI Number

030411595

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BABCOCK, TERRY	980 BELLE MEADE ISLAND DRIVE	MIAMI FL 33138

300040647853
08/30/04--01087--012 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Terry Babcock

Street Address (P.O. Box Numbers Not Acceptable)

508 SW 5th Ave apt 2

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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. or 617.0505, F.S.

Signature of
Registered Agent

Terry Babcock

REGISTERED AGENT MUST SIGN

Date

8/26/04

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:

Terry Babcock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/04

Daytime Phone #

CR2E040 (7/03)