

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. B 1 12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 16 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 200059296

1. Corporation Name
M. B. Labor Service, Inc.

2. Principal Office Address
8730 Thomas Dr
Suite, Apt. #, etc.
Unit # 411

3. Mailing Office Address
8730 Thomas Dr
Suite, Apt. #, etc.
Unit # 411

REINSTATEMENT 04-05

City & State
Panama City Beach
Zip 32408 Country Bay

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Panama City Beach
Zip 32408 Country Bay

4. Date Incorporated or Qualified To Do Business in Florida 05/29/02

5. FEI Number 01-0724765 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: Mikhail I. Butsikov
Street Address (P.O. Box Number is Not Acceptable): 8730 Thomas Dr
Suite, Apt. #, Etc.: # 411
City: Panama City Beach State: FL Zip Code: 32408

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
P	Mikhail Butsikov	8730 Thomas Dr # 411	Panama City Beach 32408
S	Irina Butsikova	8730 Thomas Dr # 411	Panama City Beach FL 32408
			200047102302 02/23/05--01007--007 **300.00

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 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: Mikhail Butsikov 01/31/05, (850) 896-4807
Date Daytime Phone #

CR2E081 (01/04)

B 202

M.B. LABOR SERVICE, Inc.
8730 THOMAS DR., UNIT #411
PANAMA CITY BEACH, FL 32408

January 31, 2005

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: CORPORATION REINSTATEMENT
Florida Corporation registration Number: P02000059296

Dear Sir.

Please be advised that M.B. Labor Service, Inc. did not receive the Annual Report form for the year 2004 . Additionally the Corporation was dissolved without knowledge or permission of the corporate officers.

As was instructed by the Florida Division of Corporation I am mailing you completed Corporation Reinstatement form and a check for \$300.00 for the years 2004 and 2005.

Very truly yours ,



Mikhail Butsikov,
President of M.B. labor Service, Inc..