

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 # P02000079213

1. Corporation Name

M.B. OPTIONS, INC.

Principal Place of Business

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 2807-5

Mailing Address

16507-D NORTHCROSS DRIVE
HUNTERSVILLE NC 2807-5

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
16740 Birkdale Commons Pkwy
City & State Suite 210
Huntersville, NC
Zip 28078 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
16740 Birkdale Commons Pkwy
City & State Suite 210
Huntersville, NC
Zip 28078 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

22-3861111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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
D	DAYA, MONOJ	16507-D NORTHCROSS DRIVE	HUNTERSVILLE NC 2807
D	Daya, Manoj	16740 Birkdale Commons Parkway Suite 210	Huntersville, NC 28078

8. Name and Address of Current Registered Agent

SHOR, JOEL
3164 ST ANNES PLACE
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name Shor, Joel
Street Address (P.O. Box Number is Not Acceptable)
16130 Rio Del Paz
Suite, Apt. #, Etc.

City Delray Beach

State FL

Zip Code 33446

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

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Manoj Daya

Date 10-15-03

Daytime Phone # 704-895-6027

FILED

03 OCT 31 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

M.B. Options, Inc.
16740 Birkdale Commons Parkway, Suite 210
Huntersville, NC 28078

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314

October 16, 2003

To Whom It May Concern:

This letter is to inform you that we did not receive the prior UBR notices that were mailed. We have included our completed application and the filing fee of \$150.00 in addition to \$8.75 for a certificate of status.

If you need any additional information, please do not hesitate to call, Manoj Daya at 704-895-6027.

Thank you for your assistance,


Manoj Daya
M.B. Options, Inc.

Enclosures