2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000081139

Entity Name: MISTER B., INC.

FILED Oct 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

43 ST. JAMES DRIVE 313 1/2 WORTH AVENUE PALM BEACH GARDENS, FL 33418 PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

107 CHESTNUT ST #3 162 PALMETTO LANE

BOSTON, MA 02108 WEST PALM BEACH, FL 33405

FEI Number: 01-0738273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLOV, BRETT J GOLOV, BRETT J

43 ST. JAMES DRIVE 1551 N. FLAGLER DRIVE

PALM BEACH GARDENS, FL 33418 US WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRETT J. GOLOV 10/17/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GOLOV, BRETT J Name: GOLOV, BRETT J Address: 43 ST. JAMES DRIVE Address: 1551 N. FLAGLER DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete Title: T (X) Change () Addition Name: GOLOV, MANUEL S Name: GOLOV, MANUEL S Address: 107 CHESTNUT STREET #3 Address: 162 PALMETTO LANE

City-St-Zip: BOSTON, MA 02108 City-St-Zip: WEST PALM BEACH, FL 33405

Title: C () Delete Title: C (X) Change () Addition Name: GOLOV, MANUEL S Name: GOLOV, MANUEL S

Address: 107 CHESTNUT STREET #3 Address: 162 PALMETTO LANE
City-St-Zip: BOSTON, MA 02108 City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT J. GOLOV PD 10/17/2005