·						and the second		
PLEASE READ	ALL INST	RUCTION	NS BEFORE C	OMPLET	ING THIS FO	RM.		
APPLICATION FOR REINSTATEMENT	A DEPARTMENT OF STATE Glenda E. Hood Secretary of State VISION OF CORPORATIONS		` FILED					
DOCUMENT # P02000081139				03 OCT 21 PM 12: 50				
Corporation Name				SECRETARY OF STATE TALLAHASSEE FLORIDA				
MISTER B., INC.				MUCAN	Soft FLORIDA			
Principal Place of Business Mailing Address								
43 ST. JAMES DRIVE PALM BEACH GARDENS FL 33418	DRIVE	418						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REIN	STATEN	ient.	03	
2. New Principal Office Address, If Applicable	ng Office Addrés		Date Incorporated or Qualified To Do Business in Florida 07/25/2002					
Suite, Apt. #, etc.	"Vestant St.#3		5. FEI Number			Applied For		
City & State	ton, MA.		01-	073827	73	Not Applicable		
Zip Country	Zip O2		Saffo/k	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names and Street Addresses of Each Officer an	d/or Director (Flor	ida nonprofit cor	porations must list at lea	st 3 directors)				
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	City / State / Zip					
PD GOLOV, BRETT J	43 ST. JAMES DRIVE			PALM BEACH GARDENS FL 33418				
Trees. Golov, Manue	1070	Chestnut Chestnut	St. #3	Boston, Boston,	, MA	62/08		
Clerk Golov, Manu	107	Chestrut	St +3	Boston	MA	02/00		
				401	 0023986	5 714		
·	10/21/(0301141010 **150.00				
				· · · · · · · · · · · · · · · · · · ·				
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
			Name	ne				
GOLOV, BRETT J 43 ST. JAMES DRIVE PALM BEACH GARDENS FL 33418			Street Address (P	.O. Box Number	is Not Acceptable)			
			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
			City			State Zip C	Code	

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 ___

REGISTERED AGENT MUST SIGN

Date /0/15/03

Date

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

10/15/13 835-

Daytime Phone # 0 ///

1.00

October 15, 2003

Re: Mister B., Inc EIN #: 01-0738273

Dear Ms. Hood;

Enclosed please find the Application for Reinstatement for Mister B., Inc and the \$150 annual report fee.

Our corporation did not receive the two prior UBR notices as evidenced by the attached copy of the previously sent letter. Since we made a good faith effort of compliance, we respectfully request that you waive the reinstatement fee.

Sincerely,

Brett Golov

2/ 3

OFFICE COPY

July 29, 2003

Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: Mister B. Inc. E.I.N. #01-0738273

To Whom It May Concern:

Mister B. Inc. was organized in Florida on July 25, 2002 and has filed a short year initial federal form 1120S.

Could you please advise me whether a Florida UBR form is required and if so, please send me one.

Thank you for your attention to this matter.

Sincerely,

Manuel Gelov

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Enclosures

EYE-MISTER/FLORIDA ANNUAL REPORT LETTER