

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000068132**

1. Corporation Name

MB Entertainment & Company Inc.

2. Principal Office Address - No P.O. Box #
7305 NW 15 Street

3. Mailing Office Address
7305 NW 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip
33313

Country
USA

Zip
33313

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/08

5. FEL Number
51-0471225

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
Michael Berrios

Street Address (R.O. Box Number is Not Acceptable)
7305 NW 15 Street

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33313

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **3/15/07**

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	Michael Berrios	7305 NW 15 Street	Plantation, FL 33313

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 contained in Chapter 119, 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

Date

Daytime Phone #

Per conversation did not receive notice to correct TB.



DATE: March 15, 2007

ATTN: Tyrone Scott

We sent the check and it was cashed for \$150 back in 2004. We are asking for the reinstatement fee to be waived.

We enclosed a check for \$450.

Michael Berrios
MB Entertainment & Company Inc.
7305 NW 15 St.
Plantation, FL 33313