

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 13 PM 12:21

DOCUMENT # P04000006746

1. Corporation Name

M B 4, INC.

2. Principal Office Address - No P.O. Box #

102 VIA DE CASAS NORTE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

3. Mailing Office Address

1330 OCEAN DR

Suite, Apt. #, etc.

6A

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

01/07/2004

5. FEI Number

200578971

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

MACHADO M. ZAFRILLA

Street Address (P.O. Box Number is Not Acceptable)

102 VIA DE CASAS NORTE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426



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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 02/12/2008

**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
PRES	MACHADO M. ZAFRILLA	102 VIA DE CASAS NORTE	BOYNTON BEACH, FL 33426

REINSTATEMENT

06-08

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]*

MACHADO M. ZAFRILLA

02/12/2008

561-542-4497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

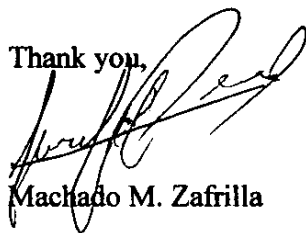
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To: Tyrone Scott

From: Machado M. Zafrilla

Please transfer the \$600 fee that was sent out for reinstatement of MB1, Inc.  
(P04000006786) to MB4, Inc (P04000006746) and please reinstate MB4 as Active.

Thank you,

A handwritten signature in black ink, appearing to read 'Machado M. Zafrilla', written over the printed name.

Machado M. Zafrilla