


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007766	
1. Entity Name MBM FINANCIAL GROUP, CORP.	

FILED  
05 SEP 30 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4630 MIRABELLA PL. LUTZ, FL 33558	Mailing Address 4630 MIRABELLA PL. LUTZ, FL 33558
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2. Principal Place of Business <i>22920 Hawkhill Loop</i>	3. Mailing Address <i>22920 Hawkhill Loop</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09222005 REIN-P CR2E098 (6/04)

City & State <i>Land O' Lakes, FL</i>	City & State <i>Land O' Lakes, FL</i>
Zip <i>34639</i>	Zip <i>34639</i>
Country	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STEVENS, MARK A 4630 MIRABELLA PL. LUTZ, FL 33558	7. Name and Address of New Registered Agent Name: <i>MARK A. STEVENS</i> Street Address (P.O. Box Number is Not Acceptable) <i>22920 Hawkhill Loop</i> City: <i>Land O' Lakes</i> FL Zip Code: <i>34639</i>
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8. 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. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>9/22/2005</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, MARK A 4630 MIRABELLA PL. LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR MARK A. STEVENS 22920 HAWKHILL LOOP LAND O' LAKES FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANSEN, ROBERT J 4630 MIRABELLA PL. LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060207-34 10/04/05-01030-002 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>09/30</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>9/22/05</i> Date Daytime Phone #