
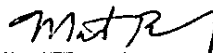


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |                                   |   |  |  |
|---|--|-----------------------------------|---|--|--|
| <b>DOCUMENT # P04000011421</b>  |  |                                   |   |                                   |  |
| <b>1. Entity Name</b><br>MEB MANAGEMENT GROUP, INC.   |  |                                   |   |  |  |
| <b>Principal Place of Business</b><br><del>2724 NORTH OCEAN BLVD.</del><br><del>FORT LAUDERDALE, FL 33308</del>   |  |                                   | <b>Mailing Address</b><br><del>2724 NORTH OCEAN BLVD.</del><br><del>FORT LAUDERDALE, FL 33308</del>   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2621 CENTER AVENUE   |  | <b>3. Mailing Address</b><br>SAME |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.               |   |  |  |
| <b>City &amp; State</b><br>FORT LAUDERDALE, FL  |  | <b>City &amp; State</b><br>.      |   | <b>4. FEI Number</b><br>05-0595094   |  |
| <b>Zip</b><br>33308   |  | <b>Country</b><br>U.S.A.          |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RODRIGUEZ, ALBERTO A<br>1200 BRICKELL AVENUE<br>SUITE 1680<br>MIAMI, FL 33131   |  |                                   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |  |                                   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2009, Fee will be \$300.00</b>  |  |                                   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>D</b><br>BILOWICH, MARTIN E<br><del>2724 NORTH OCEAN BLVD.</del><br>FORT LAUDERDALE, FL 33308 |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2621 CENTER AVENUE                            |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete  |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800137484498<br>10/30/08--01035--013 **150.00 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete  |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete  |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete  |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete  |                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |                                   |   |  |  |
| <b>SIGNATURE:</b>    |  |                                   | 10/27/08 954/884-0902   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                                   | Date Daytime Phone #  |  |  |

FILED  
08 OCT 30 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10232008 REIN-P CR2E098 (1/07)