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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
03 MAR 29 PM 2:57

DOCUMENT # P04000159832

1. Entity Name
MBS INTERNATIONAL INC.



Principal Place of Business
**7329 COLLINS AVE
MIAMI BCH, FL 33141**

Mailing Address
**7329 COLLINS AVE
MIAMI BCH, FL 33141**

05/04/05 90101 04115200



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03242006 REIN-P CR2E098 (11/05)

City & State

4. FEI Number
14-1918345

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIBAI, DON
1560 WASHINGTON AVE.
MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *[Signature]* **03-24-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

*SEE ATTACHMENT
CONCERNING APPLICABLE FEES.*

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIBAI, DON 1580 WASHINGTON AVE. MIAMI BCH, FL 33139	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
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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

800069541378
04/05/06-01037-013 Change Addition

REINSTATEMENT 05-06

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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March 24, 2006

To:
State of Florida Division of Corporation
Department of Corporations Reinstatement
PO Box 6327
Tallahassee, Florida 32314

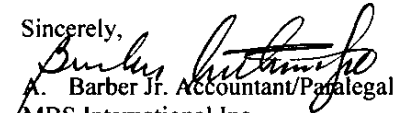
Re:
Initial application information and payment processed.

Dear Sir:

Our company business had initially received a letter enclosed with an application form
Where our corporate office had completed and returned. There had apparently been
An error, lost, or misinterpretation of this form.

As a result of a recent conversation with DOC representative via telephone conversation, our
Company was requested to submit the enclosed Reinstatement Application with an additional \$ 150.00
Fee for the Year 2006. You will find this information enclosed with this letter. Thank you for your Urgent
Processing of our Application and Corrected Corporate Status.

Sincerely,


A. Barber Jr. Accountant/Paternal
MBS International Inc.