

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV - 7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000063931

1. Corporation Name

M & BAR, Inc.

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

141 SW 34th Ave.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip
33991

Country
US

3. Mailing Office Address

141 SW 34th Ave.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip
33991

Country
US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/05

5. FEI Number

20-2779373

☐ 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
Kevin A. Kyle

Street Address (P.O. Box Number is Not Acceptable)
1380 Royal Palm Square Boulevard

Suite, Apt. #, Etc.

City
Fort Myers,

State
FL

Zip Code
33919

☒ 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

900109771569
09/21/07--01055--018 **300.00

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
DP	Michael L. Ashcraft	141 SW 34th Ave.	Cape Coral, FL 33991
DST	Barbara D. Ashcraft	141 SW 34th Ave.	Cape Coral, FL 33991
	RH	11-07	

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:

Michael L. Ashcraft

9/10/2007

Date

239-282-1445

Daytime Phone #

celebrations!

Event Production
141 SW 34th Avenue
Cape Coral, FL 33991
239-810-7501
www.celebrateswfl.com

November 1, 2007

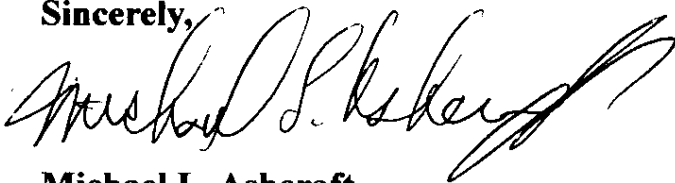
**Russell L. Hunt
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Subject:: M&BAR, INC.
Letter Number: 007A00056461**

Dear Mr. Hunt:

**Enclosed please find the original of Document #P5000063931 Corporation
Reinstatement which have been signed by the Registered Agent, Kevn A.
Kyle.**

Sincerely,

A handwritten signature in black ink, appearing to read "Michael L. Ashcraft", with a stylized flourish at the end.

Michael L. Ashcraft