2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000049675

City-St-Zip:

WINTER PARK, FL 32792 US

FILED Sep 28, 2009 Secretary of State

Entity Name: MDB SUBS INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AKRIDGE ROAD , FL 32809 U				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	AGE FOREST PL ARK, FL 32792	US	2394 W. OAKRIDGE F ORLANDO, FL 32809	ROAD US	
FEI Number:	26-0252942	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				f New Registered Agent:	
BRITTON, BERNADETTE P 1198 VILLAGE FOREST PL WINTER PARK, FL 32792 US					
The above in the State		omits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E: BERNADET	TE BRITTON			
Electronic Signature of Registered Agent			nt	Date	
)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De BRIDGEWATER, M 1198 VILLAGE FO WINTER PARK, FL	MIGEL D REST PL.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De BRITTON, BERNAI 1198 VILLAGE FO WINTER PARK, FL	DETTE P REST PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () De BRIDGEWATER, N 1198 VILLAGE FO	/IIGEL D	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MIGEL D BRIDGEWATER MR. 09/28/2009