

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 14 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P07000083106.

1. Corporation Name  
MBC AND SON CORP.

300175652653  
04/14/10--01002--004 \*\*450.00

**REINSTATEMENT** 08-10

2. Principal Office Address - No P.O. Box #  
221 SW N. QUICK CIR  
Suite, Apt. #, etc.

3. Mailing Office Address  
221 SW N. QUICK CIR  
Suite, Apt. #, etc.

City & State  
PORT ST LUCIE FL.

City & State  
PORT ST LUCIE FL

Zip  
34953

Country  
USA

Zip  
34953

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
07-23-07

5. FEI Number  
26-0643833

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  
CARL J. PERRON

Street Address (P.O. Box Number is Not Acceptable)  
221 SW N. QUICK CIR

Suite, Apt. #, Etc.

City  
PORT ST LUCIE

State  
FL

Zip Code  
34953

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  
[Signature]  
REGISTERED AGENT MUST SIGN

Date 04-07-2010

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
<u>P</u>	<u>CARL J. PERRON</u>	<u>221 SW N. QUICK CIR</u>	<u>PORT ST LUCIE FL 34953</u>

10. E-mail Address: CARLPERRON@COMCAST.NET

(To be used for future annual report notification)

11. 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. I further certify, 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03-07-2010 772-361-4702  
Daytime Phone #

4/14/10