

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 14 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO7000083106.

1. Corporation Name
MBC AND SON CORP.

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.

Zip Country
34953 USA

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

REINSTATEMENT 08-10

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

5. FEI Number
26-0643833

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] Date 04-07-2010
REGISTERED AGENT MUST SIGN

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
P	CARL J. PERRON	221 SW N. QUICK CIR	PORT ST LUCIE FL 34953

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] Date 03-07-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
772-361-4702
Daytime Phone #

4/14/10