


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000122843		
1. Entity Name MB&NC SERVICES INC		

Principal Place of Business 11561 SW 6 ST. MIAMI, FL 33174 US	Mailing Address 11561 SW 6 ST. MIAMI, FL 33174 US
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2. Principal Place of Business - No P.O. Box # 14050 SW 84 ST Suite, Apt. #, etc. 104	3. Mailing Address Same Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33188	Country USA

6. Name and Address of Current Registered Agent L&R INTERNATIONAL FIRM INC 6993 NW 50 ST MIAMI, FL 33166	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <u>Nancy Martinez</u> - Nancy Martinez ^{Vice President} 10/31/08 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, NANCY C 11561 SW 6 ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137835975 11/12/08--01003--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACEO, MANUEL J 22964 SW 113 PASSAGE MIAMI, FL 33170 <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
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

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>11/4/08</u> <small>Daytime Phone #</small>

FILED
08 NOV 12 PM 4:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



10312008 REINSTATEMENT CR2E098 (1/07) 08

4. FEI Number 26-1416607	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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