

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 30 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026928

1. Corporation Name

MB-3D, INC

2. Principal Office Address

7281 Amberly Ln

Suite, Apt. #, etc.

103

City & State

DELRAY BEACH, FL

Zip

33446

Country

Palm Beach

3. Mailing Office Address

7281 Amberly Ln

Suite, Apt. #, etc.

103

City & State

DELRAY BEACH, FL

Zip

33446

Country

Palm Beach

900021464979

07/10/03--01054--020 **500.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/93

5. FBI Number

650402165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

3275 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth Scharen

Street Address (P.O. Box Number is Not Acceptable)

7281 Amberly Ln

Suite, Apt. #, Etc.

103

City

DELRAY BEACH

State

FL

Zip Code

33446

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

Date 6/25/2003

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.V.S.	Kenneth Scharen	7281 Amberly Ln 103	DELRAY BEACH FL 33446

98-03

TS

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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-496-2092
6/25/2003 954-783-2032
Daytime Phone #

Page 2/2

MB3D Inc
7281 Amberly Lane
Delray Beach Fl. 33446

June 26, 2003

Dear Sir,

This letter is to ask for an exemption of \$600.00 to reinstall our Corp.
We moved from our old address, and mail was not forward to our recent
Address.

(Fax # 650402165)

Enclosed please find check for \$900.00. for the years of 1998 to 2003, at \$150.00
Per year for the past 6 years. Thank you.

Sincerely yours

Ken Scharen

KEN SCHAREN

*corp.
at Reinstatement Dept*