

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 19 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065776**

1. Corporation Name

**MB ACOUSTICS INC.**

2. Principal Office Address

**10838 NW 27 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33172**

Country

**USA**

3. Mailing Office Address

**10838 NW 27 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33172**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/21/93**

5. FEI Number

**65-0452289**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

**CESAR CORALES**

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

**2025 BRICKELL AVE.**

Suite, Apt. #, Etc.

**2001**

City

**MIAMI**

**000033093740**

**04/19/04--01068--012 \*\*300.00**

State

**FL**

Zip Code

**33129**

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

**04/15/04**

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
D	MIGUEL CORALES	5825 COLLINS AVE. 46	MIAMI BEACH, FL 33140
D	ROBERT A. JOHNSON	3904 LAUNG AVE.	WESTERN SPRING, IL 60558

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)(i), 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:

**MIGUEL CORALES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/15/04**

Date

**(305) 639-9899**

Daytime Phone #

CR2081 (01/04)

MR



NEW ADDRESS  
10838 N.W. 27th Street  
Miami, FL 33172

April 15, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

As per the instructions received over the phone from your office, we are enclosing the completed Corporation Reinstatement with a check of \$300.00.

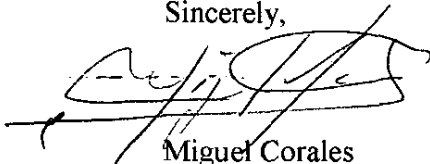
We failed to renew the corporation due to the fact that we moved our offices and we never received the notice by mail. We believe it might have been sent to our old address.

Should you have any questions please do not hesitate to contact us:

Phone: (305) 639-9899

Fax: (305) 639-9897

Sincerely,

A handwritten signature in black ink, appearing to read 'Miguel Corales', written over a horizontal line.

Miguel Corales  
Director