

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015580**

1. Corporation Name

MB & SB INC.

Principal Place of Business

1284 HAMILTON ST
JACKSONVILLE FL 32205

Mailing Address

1284 HAMILTON ST
JACKSONVILLE FL 32205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1994

5. FEI Number

59-3240405

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	BOWMAN, HENRY L II	1284 HAMILTON ST	JACKSONVILLE FL 32205
DVS	BOWMAN, STEPHANIE A	1284 HAMILTON ST	JACKSONVILLE FL 32205

100002004301--3
-11/14/96--01033--011
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

KNAPP, CHARLES R
3433 CESERY BLVD
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name
W. D. LANIER JR.
Street Address (P.O. Box Number is Not Acceptable)
606 28 HYDE GROVE AVE
Suite, Apt. #, Etc.
City
JACKSONVILLE
State
FL
Zip Code
32210

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HENRY L. BOWMAN II

11-1-96

Date

387-1838

Daytime Phone