PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027095**

1. Corporation Name

MBSL GROUP, INC.

Principal Place of Business	Mailing Address
424 CENTRAL AVE STE. 500 ST PETERSBURG FL 33701 US	~~424 CENTRAL AVE~~ 4307 BAY CLUB CIRCLE ~~STE. 500~~ ~~ST PETERSBURG FL 33701~~ TAMPA, FL 33607 US

600025166816
12/12/03--01068--019 **750.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/04/1994

5. FEI Number: 59-3234205 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TERLIP, JOHN J	2418 WOODLAWN CIRCLE EAST	SAINT PETERSBURG FL 33701
DEVP	HAZELIP, T RADFORD SEC, TR	~~424 CENTRAL AVE, STE 500~~ 751 PINELLAS BAYWAY So. #310	~~SAINT PETERSBURG FL 33701~~ 33625 ST. PETERSBURG, FL
CD	MCPARTLAND, FRANK J	~~424 CENTRAL AVE STE 500~~ 4307 BAY CLUB CIRCLE	~~ST. PETERSBURG FL 33701~~ TAMPA, FL 33607
		REINSTATEMENT 03	

8. Name and Address of Current Registered Agent

MCPARTLAND, FRANK J.
~~424 CENTRAL AVE.~~ 4307 BAY CLUB CIRCLE
~~STE. 500~~
~~ST PETERSBURG FL 33701~~ TAMPA, FL 33607

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Frank J. McPartland — Date: 12/8/03
REGISTERED AGENT MUST SIGN

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 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 REQUIRED FRANK J. McPARTLAND, CHAIRMAN — 12/8/03 — 813-636-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #