

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049244**

1. Corporation Name

MBO CORP.

Principal Place of Business

~~7077 BONNEVAL RD~~
~~600 X~~
~~JACKSONVILLE FL 32216~~
~~US~~

Mailing Address

~~7077 BONNEVAL RD~~
~~600~~
~~JACKSONVILLE FL 32216~~
~~US~~

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

2. New Principal Office Address, If Applicable
813-13 A1A North

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

Zip **32082** Country **USA**

3. New Mailing Office Address, If Applicable
Post Office Box 353

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

Zip **32082** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1994

5. FEI Number

59-3293398

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
DS	VAN MOOK, A L "TON"	7077 BONNEVAL RD., STE. 600	JACKSONVILLE FL
AS	GARRIPPE, LESTER N	7077 BONNEVAL RD., STE. 600	JACKSONVILLE FL

700009654947
12/24/02--01004--033 **750.00

8. Name and Address of Current Registered Agent

F&L CORP
200 LAURA ST
JACKSONVILLE FL 32202

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

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

Charles Van Mook
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/19/02

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:

Charles Van Mook
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/2002

Daytime Phone #

CR2E040 (8/02)