

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 95-00
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1. Corporation Name
MB Cellulor, Inc

2. Principal Office Address
1490 S 17/92

3. Mailing Office Address
1490 S 17/92

Suite, Apt. #, etc.
Attn Michael J Butler

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Longwood FL

Zip Country
32750 Seminole

Zip Country
32750 Seminole

REINSTATEMENT 95-00

4. Date Incorporated or Qualified To Do Business in Florida 11/8/94 **SP**

5. FEI Number 58-2144065
Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name MICHAEL J BUTLER
Street Address (P.O. Box Number is Not Acceptable) 1490 S US HWY 17/92
Suite, Apt. #, Etc.
City Longwood State FL Zip Code 32750

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 Michael J Butler Date 3/14/00
REGISTERED AGENT MUST SIGN

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
<u>DP,ST</u>	<u>MICHAEL J BUTLER</u>	<u>1490 S 17/92</u>	<u>Longwood FL 32750</u>

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: Michael J Butler MICHAEL J BUTLER Date 3/14/00 Daytime Phone # 407-252-5880

CR2E081 (9/99)