

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095 000011616

1. Corporation Name

MBA Business Corp

2. Principal Office Address

11301 South Orange Blossom

Suite, Apt. #, etc.

206

City & State

Orlando, FL

Zip

32837

Country

Orange

3. Mailing Office Address

11301 South Orange Blossom

Suite, Apt. #, etc.

206

City & State

Orlando, FL

Zip

32837

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0564096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

700022480067
08/21/03--01042--028 **308.75

7. Name and Address of Current Registered Agent

Name

Jose Santiago

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

11301 South Orange Blossom Trail

Suite, Apt. #, Etc.

206

City

Orlando

State

FL

Zip Code

32837

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

8-8-03

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 | Jose Santiago | 11301 South Orange Blossom Trail | Orlando, FL 34746 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-03

Date

321-436-6822

Daytime Phone #

CR2E081 (10/02)