2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -7 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000043371

1. Entity Name
M.B.K., INC.

Principal Place of Business	Mailing Address
10400 NW 27TH DRIVE WILDWOOD, FL 34785 US	10400 NW 27TH DRIVE WILDWOOD, FL 34785 US

10212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0585914
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, MICHAEL R 10400 NW 27TH DRIVE WILDWOOD, FL 34785	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael R Roberts 11/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBERTS, BEATRIZ 2755 NW 102ND BLVD. WILWOOD, 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500061220275 11/07/05--01065--003 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, MICHAEL 2755 NW 102ND BLVD. WILWOOD, FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRUNZO, ROBERT 2755 NW 102ND BLVD. WILWOOD, FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatriz C Roberts 11/5/05 352-303-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern:

Please note that in our many changes of addresses (physical address was same) your notice must of been misplaced or never delivered to us.

Our offices are in a very rural area of Sumter County and often wonder how much we may not be receiving. Please void penalty and consider our years of prompt payment.

Thank you.

Beatriz Roberts
352-303-5012