

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JUL -9 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000092916

**1. Corporation Name**

MB RESTAURANT ENTERPRISES, INC.

**2. Principal Office Address**

105 S. NARCISSUS AVE

**3. Mailing Office Address**

4400 PEA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 700

City & State

WEST PALM BEACH, FL

City & State

PALM BEACH GARDENS, FL

Zip

33401

Country

U.S.

Zip

Country

**REINSTATEMENT**

**2001**

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

01/30/96

**5. FEI Number**

65-0677731

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

John W. Boyer

700004475727-9

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

4400 PEA BLVD

-07/16/01--01003--024

\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

SUITE 700

City

PALM BEACH GARDENS FL

State

FL

Zip Code

33410

**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

John W. Boyer

Date

6/1/01

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
P.T.S	John W. Boyer	734 SANDY POINT LANE NORTH PALM BEACH FL 33410	NORTH PALM BEACH FL 33410

**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:**

John W. Boyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/01

Daytime Phone #

201-622-1974

CR2E081 (9/00)