PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 22 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061588

1 Corporation Name

M.B. BANKS REAL ESTATE INVESTMENT CORPORATION, INC.

Principal Place of Business

~~810 SOUTHEAST 6 AVENUE, SUITE C~~
~~DEERFIELD BEACH FL 33441~~
1321 S Dixie Hwy #13E
Pompano Beach, Fl. 33060

Mailing Address

~~810 SOUTHEAST 6 AVENUE, SUITE C~~
~~DEERFIELD BEACH FL 33441~~

If any of the above information is incorrect, draw a line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
1321 S Dixie Hwy	1321 S Dixie Hwy
Suite, Apt #, etc: 13E	Suite, Apt. #, etc.: 13E
City & State: Pompano Beach FL	City & State: Pompano Beach, FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/23/1996

5. FEI Number: 65-6210425 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	BAGBY, MAC M	~~810 SOUTHEAST 6 AVENUE, SUITE C~~ 1321 S Dixie Hwy #13E	~~DEERFIELD BEACH FL 33441~~ Pompano Beach, FL 33060

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-05/27/98--01104--020
****900.00 ****900.00

TS 5/26

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name: Mac M Bagby
Street Address (P.O. Box Number is Not Acceptable): 1321 S. Dixie Hwy #13E
Suite, Apt. #, Etc.
City: Pompano Beach State: FL Zip Code: 33060

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.

x [signature] Pres. REGISTERED AGENT MUST SIGN Date x 4/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 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] Pres. 11/7/97 954-420-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E040 (6/97)