PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 PM 2:27

DOCUMENT # P97000031718

1. Corporation Name

MBA CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1117 SUGARTREE LANE NORTH LAKELAND FL 33813	1117 SUGARTREE LANE NORTH LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/07/1997

5. FEI Number: 59-3428931 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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 3	City / State / Zip 4
P	BELTRAN, SR ROBERTO R	1117 SUGARTREE LANE NORTH	LAKELAND FL 33813
~~VP~~	~~BELTRAN, SR ROBERTO R~~	~~1117 SUGARTREE LANE NORTH~~	~~LAKELAND FL 33813~~
VP	BELTRAN JR ROBERTO R	1117 SUGARTREE LANE NORTH	LAKELAND, FL 33813

900003058919--7
-12/02/99--01056--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BELTRAN, ROBERT R JR
1117 SUGARTREE LANE NORTH
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2EAO (8/99)

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.

Signature of Registered Agent: [signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/99

11. 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.

AD

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-99

Daytime Phone # 941-559-2472