

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/02--01049--020 **150.00

DOCUMENT # P97000037381

1. Corporation Name

MFB SERVICES, INC.

Principal Place of Business

29712 US 19 NORTH
SUITE 430
CLEARWATER FL 33761
US

Mailing Address

29712 US 19 NORTH
SUITE 430
CLEARWATER FL 33761
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1997

5. FEI Number

59-3450245

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVSD	BATASSA, MARIO	1625 INDIANA AVE	PALM HARBOR FL 34683

8. Name and Address of Current Registered Agent

BATASSA, MARIO F
29712 U.S. 19 NORTH, STE. 430
CLEARWATER FL 33761

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02 727-781-9859

CR2E040 (8/02)



M. F. B. SERVICES, INC., 29712 U. S. 19 North, Ste. # 430, Clearwater, Florida 33761, (727) 7818859

10/30/02

Division of corporations
Annual report section
P.O.Box # 6327
Tallahassee, FL 32314

Mr. Secretary,

Enclosed is our Annual Report/Uniform Business Report for the above corporation. We did not receive your prior UBR report notices. It is not our choice to dissolve this corporation. If you will look to the past, you will find that these reports have been filed in a timely manner. Please find the enclosed check and accept it for the UBR report filling fee without penalty. Please feel free to contact me so that we may correct any situations that may have led to us not receiving your annual report form, and instruct us as to what we can do in the future if we do not receive the next years report form.

M. F. Batassa
Officer/ M.F.B. SERVICES, Inc.

59-3450245

A handwritten signature in black ink, appearing to be "M. F. Batassa", written over a horizontal line.

enclosure
MFB/kjb