

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P 97000072312

1. Corporation Name

MBM GROUP INC.

2. Principal Office Address

13021 SW 106 ST.

Suite, Apt. #, etc.

HOUSE

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

13021 SW 106 ST.

Suite, Apt. #, etc.

HOUSE

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

FILED

00 SEP -5 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

08-20-97

5. FEI Number

65-0784493

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

MARCELO A. BERNARDO

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

13021 SW 106 STREET

Suite, Apt. #, Etc.

HOUSE

City

MIAMI

State  
FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date 09-01-00

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
<u>PRESIDENT</u>	<u>MARCELO A. BERNARDO</u>	<u>13021 SW 106 ST.</u>	<u>MIAMI, FL - 33186</u>
<u>VIC. PRES.</u>	<u>SERGIO M. CHIGAUER</u>	<u>13220 SW 107 ST.</u>	<u>MIAMI, FL - 33186</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-00 (305) 608-8727

Date

Daytime Phone #

CR2E081 (9/99)