PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -9 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000601553

1. Corporation Name
M & B Developers Corp
320 W 49 St
Hialeah, Fla. 33012.

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
320 W 49 St. Hialeah, Fla. 33012.	320 W. 49 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State: Hialeah, Florida.
Zip: 33012 Country: USA	Zip: 33012 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 650927099 ☐ 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: Aquiles E. Mas

Street Address (P.O. Box Number is Not Acceptable): 320 W 49 St.

Suite, Apt. #, Etc.:

400038015744
06/16/04--01049--008 **105.00

City: Hialeah | State: FL | Zip Code: 33012

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: Aquiles E Mas ARS. Date: 06-04-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres	Aquiles E. Mas	320 W. 49 St	Hialeah Fla. 33012
V-Pres	Jorge Denis	320 W. 49 St.	Hialeah Fla. 33012
Sec	Eugenia N. Mas	320 W. 49 St	Hialeah, Flas 33012
Dir	Ana Maria Wing	1190 NW 90 Terr	Pembroke Pines Fla. 33024
Dir	Aquiles J. Mas	11924 SW. 100 Terr	Miami, Fla. 33186
Dir	Marite N. Messina	4111 NW 115 terr	Sunrise Fla 33323

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: Aquiles E Mas ARS. 06-04-04 305-558-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #