

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 17 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678595

1. Corporation Name

M.B.S. International, Inc.

REINSTATEMENT 92-06

600063606916
01/13/06--01001--013 **785.00

CR2E081 (12/05)

2. Principal Office Address

19495 Biscayne Blvd

Suite, Apt. #, etc.

410

3. Mailing Office Address

19495 Biscayne Blvd

Suite, Apt. #, etc.

410

City & State

Aventura Florida

City & State

Aventura Florida

Zip

33180

Country

Miami-dade

Zip

33180

Country

Miami-dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Karlene L. Gray, P.A.

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

13899 Biscayne Blvd

Suite, Apt. #, Etc.

205

City

North Miami Beach

600063606916

01/25/06--01026--023 **270.25

600063606916

01/25/06--01026--024 **1390.00

State
FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/9/05

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
COO	Cornelius A. Gray	19495 Biscayne Blvd Suite 410	Aventura, FL 33180
DBS	Ezra Mickelwhite	19495 Biscayne Blvd Suite 410	Aventura, FL 33180

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 contained in Chapter 119, 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

1/9/05

Date

Daytime Phone #

M.B.S. INTERNATIONAL, INC.

19495 Biscayne Blvd. #410
Aventura, FL 33180

Telephone (954) 295 7926
Fax (305) 702 6404

202

January 9, 2005

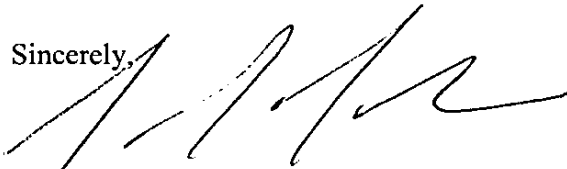
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Non-Receipt of annual report

To Whom It May Concern:

This letter is to certify that M.B.S. International did not receive the annual report notices in the year of dissolution/revocation. Accordingly, we request that you waive the 600.00 reinstatement fee.

Sincerely,



EZRA MICKLEWHITE, *President*