

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS



03 NOV -7 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H78563**

1. Corporation Name

**MOBILE DIAGNOSTICS, INC.**

800024509578  
11/07/03--01050--023 \*\*150.00

Principal Place of Business Mailing Address

1110 GULF BREEZE PKWY  
SUITE 102A  
GULF BREEZE FL 32561  
US

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SUITE 102A  
GULF BREEZE FL 32561  
US

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



2. New Principal Office Address, If Applicable 1717 N. "E" St. Suite, Apt. #, etc. Ste. 320, Attn: J. Kehoe City & State Pensacola, FL Zip 32501 Country US		3. New Mailing Office Address, If Applicable 1717 N. "E" St. Suite, Apt. #, etc. Ste. 320, Attn: J. Kehoe City & State Pensacola, FL Zip 32501 Country US		4. Date Incorporated or Qualified To Do Business in Florida 10/01/1985	
		5. FEI Number 59-2864191		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		SS 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	FULFORD, RICHARD C	1110 GULF BREEZE PARKWAY	GULF BREEZE FL
D	LABAHN, JIM	1717 NORTH "E" STREET	PENSACOLA FL
DT	MCGEE, ELEANOR	1540 GLENNA LANE	CANTONMENT FL
CD	Porter, John	1717 N. "E" St., Ste. 320	Pensacola, FL 32501

8. Name and Address of Current Registered Agent FULFORD, RICHARD C 1110 GULF BREEZE PKWY SUITE 102A GULF BREEZE FL 32561		9. Name and Address of New Registered Agent Name John Porter Street Address (P.O. Box Number is Not Acceptable) 1717 N. "E" St. Suite, Apt. #, Etc. Ste. 320 City Pensacola State FL Zip Code 32501	
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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 Date 11/4/03

REGISTERED AGENT MUST SIGN

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: John Porter, Chairman/Director 11/4/03 850/469-2339

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1717 North "E" Street  
Suite 320  
Post Office Box 17500  
Pensacola, Florida 32522-7500  
Phone 850 434 4011

November 4, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # H78563  
Mobile Diagnostics, Inc.

Dear Sir/Madam:

We have received a notice of dissolution for the referenced corporation. We are sending the enclosed Application for Reinstatement, which reflects some changes since the last UBR was filed. We never received the UBR form, possibly due to a mailing address change that was made at the previous UBR filing.

Also enclosed is our check for \$150, which is the for-profit corporation filing fee. We assume we will receive documentation that this has been reinstated.

If there are any questions, please call Joyce Kehoe at 850/469-2345.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Porter', written over a horizontal line.

John Porter, Chairman  
Mobile Diagnostics, Inc.

Enclosures: Application for Reinstatement

\$150.00 Check

Enclosures: UBR Form

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