

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100394			
1. Corporation Name ACTION MOBILE, INC.			
Principal Place of Business 11827 OTTAWA AVE. ORLANDO, FL 32837		Mailing Address P.O. BOX 771273 ORLANDO, FL 32877	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		11/24/97	
5. FEI Number		Applied For	
59-3490628		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	DOUGLAS, JOHN C	11827 OTTAWA AVE.	ORLANDO, FL 34711
VD	ENGLEHARDT, TIM	622 TOMLINSON TERRACE	LAKE MARY, FL 32746
STD	SCHROEDER, CHRISTENE	11827 OTTAWA AVE	ORLANDO, FL 32837
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOUGLAS, JOHN C 9020 PINE ISLAND ROAD CLERMONT, FL 34711		Name DOUGLAS, JOHN C Street Address (P.O. Box Number is Not Acceptable) 11827 OTTAWA AVE. Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32837	
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.			
Signature of Registered Agent <i>John C Douglas</i>		Date 11/8/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: <i>John C Douglas</i>		Date 11/8/99 Daytime Phone # 407-851-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
99 NOV 10 PM 5:03
SERIALIZED
TALLAHASSEE, FLORIDA
REINSTATEMENT 1999

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