

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004277

1. Corporation Name

ELECTRIC MOBILITY CORPORATION

Principal Place of Business

Mailing Address

#1-MOBILITY PLAZA  
SEWELL NJ 08080

#1 MOBILITY PLAZA  
SEWELL NJ 08080



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

06-02-02 91202 010 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/2000

5. FEI Number

22-2414579

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	FLOWERS, MICHAEL	591 MANTUA BLVD.	SEWELL NJ 08080
V	FLOWERS, GEORGE	591 MANTUA BLVD.	SEWELL NJ 08080
S	FLOWERS, SUSAN	591 MANTUA BLVD.	SEWELL NJ 08080

8. Name and Address of Current Registered Agent

STORTS, RYAN  
9914 COLONNADE DRIVE  
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Melbourne

FL

32940

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

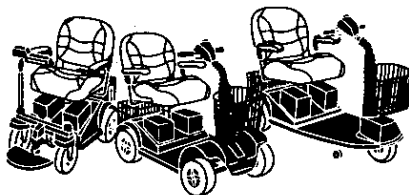
Date

Daytime Phone #

11/04/02 (856) 468-1000

CR2E040 (8/02)

**ELECTRIC  
MOBILITY** >>>>>>  
OFFICES IN UNITED STATES, CANADA and UNITED KINGDOM



**Electric Mobility Corporation**

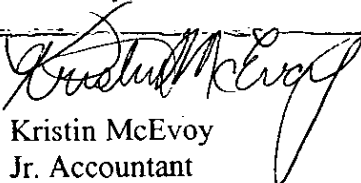
One Mobility Plaza  
P.O. Box 156  
Sewell, NJ 08080, USA  
856 468-0270  
FAX: 856 468-3426  
Sales: 1 800 662-4548  
Service: 1 800 257-7955

Florida Department Of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327  
RE: FEI # 22-2414579

Sean Toner,

Per our conversation on December 13, 2002, please find enclosed the Application for Reinstatement form. The Florida Department of State has already received the fee of \$150.00 back in May along with our renewal application. However, Electric Mobility Corporation was unaware that the form was sent back to us in June for a signature of our registered agent. The only information the corporation received was the Notice of Revocation. We are asking that the Department of State waive the Reinstatement fee of \$600.00 and any penalties and interest that may have occurred. Thank you in advance for your consideration in this matter.

Sincerely,

  
Kristin McEvoy  
Jr. Accountant