


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 9:04

DOCUMENT # F0000005711 1. Entity Name THE MOBILE SOLUTION CORPORATION	
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Principal Place of Business 1660 HOTEL CIRCLE SUITE 500 SAN DIEGO, CA 92108	Mailing Address 1660 HOTEL CIRCLE SUITE 500 SAN DIEGO, CA 92108
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11/01/04 01054 010 750⁰⁰



2. Principal Place of Business 1660 HOTEL CIRCLE NORTH Suite, Apt. #, etc. STE # 500	3. Mailing Address - SAME - Suite, Apt. #, etc.	08162005 REIN-P CR2E098 (6/04)
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City & State SAN DIEGO, CA	City & State	4. FEI Number 33-0849381
Zip 92108	Country USA	Zip
Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacqueline N. Casper* **Jacqueline N. Casper, Asst VP August 17, 05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCEVOY, JOHN <input type="checkbox"/> Delete 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, BRAD <input type="checkbox"/> Delete 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEHAAN, KEVIN <input type="checkbox"/> Delete 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000423532068 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/01/04--01054--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000423532068 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/31/05--01035--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KEVIN DEHAAN* **KEVIN DEHAAN, TREASURER** 8/16/05 (419) 297-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #