


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 25 AM 9:04


DOCUMENT # F00000005711	
1. Entity Name THE MOBILE SOLUTION CORPORATION	

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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2. Principal Place of Business 1660 HOTEL CIRCLE NORTH Suite, Apt. #, etc. STE 500	3. Mailing Address — SAME — Suite, Apt. #, etc.
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City & State SAN DIEGO, CA	City & State
Zip 92108	Country USA

11/01/04 01054 010 750<sup>e</sup>

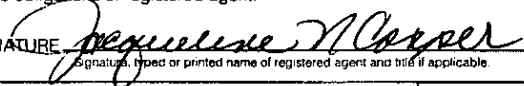


08162005 REIN-P CR2E098 (6/04)

4. FEI Number 33-0849381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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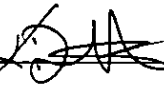
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Jacqueline N. Casper, Asst VP August 17, 05 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCEVOY, JOHN 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, BRAD 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEHAAN, KEVIN 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108 <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
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	800042353204 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/01/04--01054--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042353204 <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

**REINSTATEMENT 04-05**

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 / TREASURER 	8/16/05 (419) 297-1288 Date Daytime Phone #