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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03/11/10--01002--001 \*\*87.50

04/05/10--01052--014 \*\*3326.25

2010 APR -1 PM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Mobile Instrument Service & Repair Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pam Wasson

(Name of Person)

Mobile Instrument Service & Repair Inc.

(Firm/Company)

333 Water Avenue

(Address)

Bellefontaine, OH 43311

(City/State and Zip code)

For further information concerning this matter, please call:

Pam Wasson

(Name of Person)

at ( 937 ) 592-5025

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2010

PAM WASSON  
MOBILE INSTRUMENT SERVICE & REPAIR INC  
333 WATER AVENUE  
BELLEFONTAINE, OH 43311

SUBJECT: MOBILE INSTRUMENT SERVICE  
Ref. Number: W10000012657

We have received your document for MOBILE INSTRUMENT SERVICE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$3326.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 810A00006218

RECEIVED

10 APR - 1 AM 11:22

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Mobile Instrument Service & Repair Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Mobile Instrument Service Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

(State or country under the law of which it is incorporated)

3. 35-1486200

(FEI number, if applicable)

4. 6-13-1980

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 8/1992

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 Water Avenue Bellefontaine, OH 43311

(Principal office address)

333 Water Avenue Bellefontaine, OH 43311

(Current mailing address)

8. Repair Medical Equipment

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Co.

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Guacima - Julie Cilmi, APR  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Dwight E. Reed

Address: 9264 Hickory Lane  
Huntsville, OH 43324

Vice Chairman: Annette Reed

Address: 3921 Glenhurst  
Smyrna, GA 30080

Director: Charles D. Reed

Address: 1830 Lake Shore  
Columbus, OH 43204

Director: Jerry L. Reed

Address: 4467 Doral Drive  
Avon, OH 44011

**B. OFFICERS**

President: Dwight E. Reed

Address: 9264 Hickory Lane  
Huntsville, OH 43324

Vice President: Annette Reed

Address: 3921 Glenhurst  
Smyrna, GA 30080

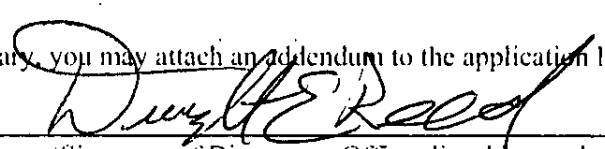
Secretary: Charles D. Reed

Address: 1830 Lake Shore Columbus, OH 43204

Treasurer: Jerry L. Reed

Address: 4467 Doral Drive Avon, OH 44011

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Dwight E. Reed, President  
(Typed or printed name and capacity of person signing application)

**United States of America  
State of Ohio  
Office of the Secretary of State**

***I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MOBILE INSTRUMENT SERVICE & REPAIR, INC., an Ohio corporation, Charter No. 735796, having its principal location in Bellefontaine, County of Logan, was incorporated on October 31, 1988 and is currently in GOOD STANDING upon the records of this office.***



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 26th day of February, A.D. 2010*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

**Ohio Secretary of State**