

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 OCT 22 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006418**

1. Corporation Name

**MOBIL TECH, INC.**

Principal Place of Business

300 NORTHSTAR COURT  
SANFORD FL 32771  
US

Mailing Address

PO BOX 1369  
CALUMET CITY IL 60409-1411

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4117015

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	<del>SNYDER, J D</del> MOORE, KEITH	2150 E. DOLTON RD.	CALUMET CITY IL 60409
VS	<del>NEUBERT, KENNETH E</del> BONYKO, BIAKE	2150 E. DOLTON RD.	CALUMET CITY IL 60409
D	DE HAVENON, MICHAEL H	45 ROCKEFELLER PLAZA	NEW YORK NY
D	EVERETT, ROBERT S	45 ROCKEFELLER PLAZA	NEW YORK NY
D	BUTLER, FREDERICK J	609 5TH AVE.	NEW YORK NY 10017
			600003026726--8 -10/27/99--01080--005 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL Zip Code

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

*Karla R. Pump* **REQUIRED**

Date **10/22/99**

REGISTERED AGENT MUST SIGN

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:

*Blaise B. Bonyko* **BLAISE B. BONYKO**

Date **10/20/99**

Daytime Phone # **708-8685070**

**KE**