

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K07698**

1. Corporation Name

MOBILE CONTRACT U.S.A., INC.

Principal Place of Business

**2900 BRIDGEPORT AVE.
STE. 210
COCONUT GROVE FL 33133**

Mailing Address

**2900 BRIDGEPORT AVE.
STE. 210
COCONUT GROVE FL 33133**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2780 SW 37th Ave

Suite, Apt. #, etc.

Suite #204

City & State

MIAMI, FL.

Zip

33133

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**SAME AS
NEW Principal Office**

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1987

5. FEI Number

65-0171032

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILSON, JAMES LARRY	6985 SW 53RD LANE	MIAMI FL 33155
			400002607314--4
			-08/04/98--01083--020
			***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

**GALARDI, DINO
2900 BRIDGEPORT AVE.
STE. 350
COCONUT GROVE FL 33133**

9. Name and Address of New Registered Agent

Name

JAMES LARRY WILSON

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

6985 SW 53RD LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

James Larry Wilson
REGISTERED AGENT MUST SIGN

Date

7/30/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

James Larry Wilson - JAMES LARRY WILSON **7/30/98** **305 4488351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

98 JUL 28 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **96-98**