

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAR -5 PM 2:11

DOCUMENT # K07698

1. Corporation Name

MOBILE CONTRACT U.S.A., INC.

Principal Place of Business	Mailing Address
2780 S.W. 37TH AVENUE SUITE 204 MIAMI FL 33133	2780 S.W. 37TH AVENUE SUITE 204 MIAMI 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0171032	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILSON, JAMES LARRY	6985 SW 53RD LANE	MIAMI FL 33155
			400003819444--1 -03/08/01--01101--013 ****150.00 ****150.00
			400003819444--1 -03/08/01--01101--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILSON, JAMES LARRY 6985 S.W. 53RD LANE MIAMI FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 Date: January 8, 2001

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: James Larry Wilson January 8, 2001 (305) 448-8851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

20F2



MOBILE CONTRACT USA, INC.

FURNITURE INDUSTRY CONSULTANTS

February 27, 2001

**Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327**

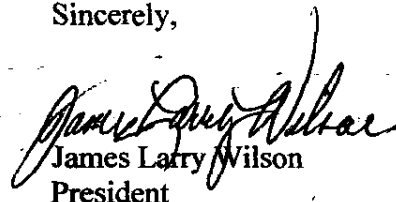
**RE: application for
reinstatement
Document# K07698
Letter# 701A00002827**

Dear Sirs:

This is the second request for reinstatement for Mobile Contract USA, Inc. as a Florida Corporation. Two checks are enclosed for the years 2000 and 2001. The request is made at this time that the reinstatement fee of \$600.00 be waived for the reasons stated in the previous letter. However the most important reason is that no one remembers ever receiving prior notification.

We would greatly appreciate it if the corporation be reinstated at this time. Thank you for your consideration in this matter.

Sincerely,


James Larry Wilson
President

Enc. Application / Reinstatement, 2 checks