


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K07698**

1. Corporation Name

**MOBILE CONTRACT U.S.A., INC.**

Principal Place of Business

2780 S.W. 37TH AVENUE  
SUITE 204  
MIAMI FL 33133

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

State 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 3	City / State / Zip 4
P	WILSON, JAMES LARRY	6985 SW 53RD LANE	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>WILSON, JAMES LARRY</b> 6985 S.W. 53RD LANE MIAMI FL 33155	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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. or 617.0505, F.S.

Signature of Registered Agent James Larry Wilson Date Jan 2, 2004  
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 JAMES LARRY WILSON Date Jan 2, 2004 Daytime Phone # 305 448 8551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
04 FEB -4 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03-04**

CR2E040 (7/03)



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**MOBILE CONTRACT USA, INC.**  
FURNITURE INDUSTRY CONSULTANTS

January 2, 2004

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: MOBILE CONTRACT USA, INC. / DOCUMENT #K07698**

Dear Sirs:

Recently I learned that my corporation, Mobile Contract USA, Inc. was not on active status. My corporation is 16 years of age and is important to remain active at all times. Our customers in the state of Florida and our financial service entities have to do business with a corporation that has an active status.


There are two important reasons, which were key in Mobile Contract not filing on a timely basis to renew. The first reason is that I was informed that I had cancer in late January 2003. Most business slowed down considerably for my company during the next 8 months while I received treatment and convalesced during the period of time from early February through September. I did not recuperate and was under my doctor's care. When I received the Notice of Dissolution it was after I returned to work. Secondly, I did not receive any renewal letters during the time of my cancer treatment.

Therefore, I am respectfully requesting that the reinstatement fee of \$600.00 be waived because of the situation previously explained.

My check of \$150.00 is enclosed for reinstatement. I respectfully request that the penalty be waived in this instance because of my illness.

Thank you for your consideration in this matter. I look forward to hearing from you.

Sincerely,

  
James L. Wilson  
President