PLEASE READ ALL INSTRUCTIONS	S BEFORE COMPLETING THIS FORM
APPLICATION FOR FOR Secretary of Secretary of Secretary of Secretary of Secretary of Secretary S	lood
	FILED
DOCUMENT # K79355	03 DEC 17 AH 11: 43
MOBILE LAND DEVELOPMENT CORPORATION	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address	
3000 00 ST 3000 00 ST 3000 00 ST 3000	
15	
If above addresses are incorrect in any way, line through incorrect information and enter   2. New Principal Office Address, If Applicable 3. New Mailing Office Address,	If Applicable 4. Date Incorporated or Qualified
-Suite, Apt. #, etc4909-NUS2 Suite, Apt. #, etc	5. FEI Number Applied For
City & State LOCDA, FL City & State San	59-2947878 Not Applicable
Zip 32997 - Country USA -Zip -Cour	6. CERTIFICATE OF STATUS DESIRED C 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)   Name of Officers Street Address of Each	
	Office and/or Director City / State / Zip
PSD BROZMAN, ROBERT, JR. 5135 MARTHUST Jakes CT MI, FL 32953	
VTD BROZMAN, ROBERT, SR 2125-LEEWARD = ANE	
Toll Deer hurst &d Vierra, FL	
· · · · · · · · · · · · · · · · · · ·	
200024703732	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
	Name (802)
BROZMAN, ROBERT P JR 3570 N US 1	Street Address (P.O. Box Number is Not Acceptable)
COCOA FL 32926	
	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. or 617.0505, F.S.
Signature of Registered Agent Date Date	
REGISTERED AGENT MUST SIGN	
this reinstatement application, the reason for dissolution has been eliminated, the cor	Ite this application as provided for in chapter 607 or 617, F.S. I further certify that when filing proprote name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated effect as if made under oath.
SIGNATURE SRATE BALLER AND	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date Date Date	



## MOBILE LAND DEVELOPMENT CORP.

4909 North U. S. Hwy. 1 Cocoa, Florida 32927 (321) 636-4951

í

December 10, 2003

Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT: Mobile Land Development Corporation Ref. number K79355

To whom it may concern,

This letter is to inform the Division of Corporations that the reason our renewal was not paid due to the fact that we never received any documents to renew. We recently moved our office to a new address, which you have on file now, which may be the cause for not receiving the renewal forms. If you have any further questions please feel free to contact our office @ 321-639-8576.

Thank you for consideration given,

Robert Brozman