

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 MAY 21 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39180

1. Corporation Name

THE RESOURCEMOBILE, INC.

Principal Place of Business

Mailing Address

395 NW 1st Street
Suite 206
Miami, FL 33128

P.O. Box 1341
Miami, FL 33101

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

P. O. Box 562014

4. Date Incorporated or Qualified
To Do Business in Florida

7-18-90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0320453

Applied For

Not Applicable

City & State

City & State

Miami, Florida

Zip

Country

Zip

33256-2014

Country

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Blechman, Rachel	5250 SW 84th Street	Miami, Florida
DP	Tate, Beverly	Bldg. 300, 11380 NW 27th Ave.	Miami, Florida
DST	Garcia, Blanca	10800 Biscayne Blvd., Ste 200	Miami, Florida
DVP	Brieler, Norma	c/o CAA-Head Start 395 NW 1st Street	Miami, Florida 33128
		REINSTATEMENT	97-98

8. Name and Address of Current Registered Agent

Blechman, Rachel
c/o Holland & Knight LLP
701 Brickell Ave., 30th Floor
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name

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

5000 2544455--0

Suite, Apt. #, Etc.

06/02/98-01063-022
****297.50 ****297.50

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

Rachel Blechman
REGISTERED AGENT MUST SIGN

Date

5/12/98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Rachel Blechman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/98

305/374-8500
Daytime Phone #

CR2040 (12/95)