## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 APR 29 PM 1: 26
DOCUMENT # N97000005932 1. corporation Name Changing Kids Directions Inc.		SECHETARY OF STATE FALLAHASSEE, FLORIDA
Changing mas Dir	cellong Inc.	[
2. Principal Office Address	3. Mailing Office Address	
6900-29 Daniels Hwy	Same:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	
PMB 220	Same	4. Date Incorporated or Qualified To Do Business in Florida  Oct 21 15 97
City & State	City & State	00000
Fort Myers, FL.	Some	5. FEI Number Applied For
Zip Country	Zip Country	65-0786405 Not Applicable
33512 USA	Same Some	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
William J. Niler		
Street Address (P.O. Box Number is Not Acceptable) 04/08/0301002002 ***245 00		
Suite, Apt. # Etc.		
Suite, i pri i i cica	•	
Fort Myers, State Zip Code FL 335/3		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN		
Signature of 11, 10.		
Registered Agent UULO Date 7/2/03  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
<del></del>	<del></del>	<del></del>
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Pres. William J. Nil	er 11123 hateland	Circle Fort Myers 33913
Sety Rita Niler 11123 Lakeland Circle Fort Myers, FL 33513		
Tro Carrie Viler	72 Homesterd Li	Lined week NJ07035
D Robert Mehlmz	n 54 MapleAun Dr	ive Jerico, NY 11753
D Sally Shapiro 8722 53rdPLE Bradington, FL34211		
P William Hermi	en 3313 SabalCove	Dr Long Bost Mex Fl34228
10. 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 eath.		
SIGNATURE: WILL WILL 2 J. Niler 4/2/03 239-560-1944 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

pt 4/30



PMB 220, 6900-29 Daniels Pkwy. Fort Myers, FL 33912

> Voice- (239) 561-8797 Fax-(239) 561-8733

E- Mail< pops@computemobile.org>

Bill Niler. President

## ComputeMobile

April 2, 2003

Department of State Division of Corporations P.O. Box 6327 Tallassee, FL 32314

To whom it may concern. After I moved I stopped receiving my annual notices. Kindly waver any late fees and accept my enclosed check for \$245.00 per Mr. Justin in your office.

Thank you for your consideration.

Very truly yours,

William J. Niler, Pres.