

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000018871

**FILED**  
**Nov 29, 2011**  
**Secretary of State**

**Entity Name:** MOBILE MANAGEMENT CORP.

**Current Principal Place of Business:**

970 N CONGRESS  
SUITE A  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

1450 ENCLAVE CIRCLE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

970 N CONGRESS  
SUITE A  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

1450 ENCLAVE CIRCLE  
WEST PALM BEACH, FL 33411

**FEI Number:** 65-0986325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUDE, HARALD  
970 N CONGRESS  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

DUDE, HARALD  
1450 ENCLAVE CIRCLE  
WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HARALD DUDE

11/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DUDE, HARALD  
Address: 1450 ENCLAVE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARALD DUDE

P

11/29/2011

Electronic Signature of Signing Officer or Director

Date