

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -4 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P00054652
Mobility AMERICA inc.

2. Principal Office Address

3329 US Hwy 41 N
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Fruitland Park FL

Zip

Country

34731 USA

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3647756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

600005866066--7
-06/19/02--01072--005
****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Leila F. MNASSA

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

1911 AUTUMN WOODS AVE.

Suite, Apt. #, etc.

City

TAMPA

State

FL

Zip Code

32647

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05-25-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEILA F. MNASSA	1911 Autumn Woods Ave	Tampa FL 32647

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 oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-25-02

Date

(863) 216-1413

CR2E081 (9/01)

MOBILITY AMERICA, INC

**3329 US HWY 441 N
FRUITLAND PARK, FL 34731**

May 24, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement Fees
FEIN 59-3647756

To Whom It May Concern:

Please see enclosed paperwork for reinstatement along with a check for \$300, which is \$150 for each year that we did not receive the proper paperwork to fill out for the State due to an address change.

Thanking you in advance for your help.

Sincerely,

Leila F. Mnassa
President