

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000060724

1. Corporation Name

MOBILE FRESH, INC.

Principal Place of Business

Mailing Address

4014 EASTRIDGE DRIVE  
VALRICO FL 33594

4014 EASTRIDGE DRIVE  
VALRICO FL 33594

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV 16 PM 1:53



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 366 2650

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BENING, BRADLEY S	4014 EASTRIDGE DRIVE 4208 IMPERIAL EAGLE DR	VALRICO FL 33594
D	BENING, BRENDA S	4014 EASTRIDGE DRIVE 4208 IMPERIAL EAGLE DR	VALRICO FL 33594
D	RELLOO, CHRIS ELLO	4014 EASTRIDGE DRIVE 4208 IMPERIAL EAGLE DR	VALRICO FL 33594
			400004703234--3 -12/04/01--01010--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENING, BRADLEY S

4014 EASTRIDGE DRIVE 4208 IMPERIAL EAGLE DR  
VALRICO FL 33594

Name

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

Suite, Apt. #, Etc.

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

x Bradley S Bening

REGISTERED AGENT MUST SIGN

Date 11/1/01

11. 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:

x Bradley S Bening - Bradley S. Bening

11/1/01

(813) 786-6448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #