

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 25 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060724

1. Corporation Name

MOBILE FRESH, INC.

2. Principal Office Address

4014 EASTRIDGE DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

Zip

33594

Country

HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/2000

5. FEI Number

593662650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BRADLEY S BENING

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

4208 IMPERIAL EAGLE DR

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

Bradley S Bening

REGISTERED AGENT MUST SIGN

Date 7/18/03

**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
D	Bradley S. Bening	4208 Imperial Eagle DR Valrico FL 33594	Valrico, FL 33594
D	Brenda S. Bening	4208 Imperial Eagle DR	Valrico FL 33594
D	CHRIS Pello	4208 Imperial Eagle DR	Valrico FL 33594

REINSTATEMENT

02-03  
TS

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:

Bradley S Bening

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03

Date

813-967-5081

Daytime Phone #

CR2E081 (10/02)