

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000111962

1. Corporation Name

MOBILE SERVICES CORPORATION

Principal Place of Business

9328 FOREMAST AVE., #3922  
PORT RICHEY FL 34668

Mailing Address

9328 FOREMAST AVE., #3922  
PORT RICHEY FL 34668

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

2. New Principal Office Address, If Applicable

2630 HAWK ROOST CT

Suite, Apt. #, etc.

HOLIDAY

City & State

FLORIDA

Zip  
34691

Country

U.S.A.

3. New Mailing Office Address, If Applicable

2630 HAWK ROOST CT

Suite, Apt. #, etc.

HOLIDAY

City & State

FLORIDA

Zip  
34691

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2000

5. FEI Number

59-3699090

Applied For

Not Applicable

6. 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
PD	GUERRERO, POLICARPO	9328 FOREMAST AVE., #3922	PORT RICHEY FL 34668
VD	VASQUEZ, ELSA	9328 FOREMAST AVE., #3922	PORT RICHEY FL 34668
PD	GUERRERO, POLICARPO	2630 HAWK ROOST CT	HOLIDAY FL 34691
VD	VASQUEZ, ELSA	2630 HAWK ROOST CT	HOLIDAY FL 34691
			100006204671-8
			-07/03/02=01059=001
			*****908.75 *****908.75

8. Name and Address of Current Registered Agent

VASQUEZ, ELSA

9328 FOREMAST AVE., #3922

PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name

VASQUEZ, ELSA

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

2630 HAWK ROOST CT

Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34691

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

*E. Vasquez*  
REGISTERED AGENT MUST SIGN

Date

5/30/2002

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.29.2002

Date

(727) 9387615

Daytime Phone #

CR2040 (801)