PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

FILED
03 FEB 28 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065761

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03/14/03--01049--014 **300.00

1. Corporation Name: MOB Holdings Corporation
1100 5th Ave South, Suite 201
Naples, Fla 34102

2. Principal Office Address	3. Mailing Office Address
1100 5th Ave South.	
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Naples, Fla	City & State: Florida
Zip: 34102 / Country: US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3700632 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: Jeff Rolquin
Don Cuddeback
Street Address (P.O. Box Number is Not Acceptable): 1100 5th Ave South, Suite 201
Suite, Apt. #, Etc.: Naples Fla 34102
City / State: FL / Zip Code: 34102

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: 2-27-03

CR2E081 (9/01)

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
Pres	Jeff L. Rolquin	1100 5th Ave South, Suite 201	Naples Fla 34102

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] Jeff L. Rolquin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-27-03 Daytime Phone #

MW

MDB HOLDINGS

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February 27, 2003

ATTN: FLORIDA DEPARTMENT OF STATE

To Whom It May Concern:

It was brought to our attention that our corporate filing was not made for 2002 due to an incorrect mailing address you have for the company. We ask that you waive the fee assess on our corporation due to State error.

Attached is our correct documentation for the filing with the correct suite number to our offices.

Thank you for your cooperation.

Respectfully,

Jeff L. Rolquin
President/CEO

JLR/et

Attachment

MDB HOLDINGS CORPORATION
1100 5th Avenue South, Suite 201
Naples, Florida 34102
(239) 643-6820

Email: MDBHLDGS@aol.com