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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 12 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075160
1. Corporation Name
MOBILITY STYLES INC.

200062511262
12/30/05--01052--000

REINSTATEMENT
CR2E081 (8/05)

0905

2. Principal Office Address 19105 HERITAGE HARBOR PKWY Suite, Apt. #, etc.		3. Mailing Office Address 19105 HERITAGE HARBOR PKWY Suite, Apt. #, etc.	
City & State LUTZ FL		City & State LUTZ FL	
Zip 33558	Country USA	Zip 33558	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	07/27/2001
5. FEI Number 59-3735834	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
EDWARD F. NAKHOUL

Street Address (P.O. Box Number is Not Acceptable)
19105 HERITAGE HARBOR PKWY

Suite, Apt. #, Etc.

City
LUTZ

State
FL

Zip Code
33558

200062511262
12/30/05--01052--000

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 *Edward Nakhoul* Date 12/10/05

REGISTERED AGENT MUST SIGN

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
PD	EDWARD F NAKHOUL	19105 HERITAGE HARBOR PKWY	LUTZ FL 33558

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: *Edward Nakhoul* Date 12/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

905A nax 71441

DEC

2002

MOBILITY STYLES
dba MOBILITY EXPRESS

6212 Commercial Way
Brooksville, Florida 34613
Telephone: 352-597-4546 - Fax: 352-592-6461

December 9, 2005

Express Corporate Filing Service, Inc
1000 Ponce De Leong Blvd, Ste. 101
Coral Gables, FL 33134
(305) 444-4994 FAX: (305) 444-4977

ATTENTION: Florida Department of State

To Whom It May Concern,

Please be advised that Mobility Styles Inc. had never received any renewal notices regarding corporation. We apologize for any inconvenience and would be grateful if you could kindly waive fees. Thank you for your time and consideration.

Sincerely,



Ed Nakhoul
Owner/Operator