

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 25 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000005062**

1. Corporation Name

**MOBILE INTEGRATIONS, INC.**

2. Principal Office Address

**9438 WATER FERN CIRCLE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**CLERMONT, FL**

City & State

Zip

Country

Zip

Country

**34711**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/15/2002**

5. FEI Number

**04-3593823**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03 05**

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

Name

**MINORS, HOWARD**

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

**9438 WATER FERN CIRCLE**

Suite, Apt. #, Etc.

City

**CLERMONT**

State

**FL**

Zip Code

**34711**

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

*Howard Minors*

Date

**3/16/2005**

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
D	MINORS, HOWARD	9438 WATER FERN CIRCLE	CLERMONT, FL 34711

200049888692  
04/05/05--01018--020 \*\*\*450.00

*Shull*

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:

*Howard Minors*

MINORS, HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2005

Date

(407) 895-5933

Daytime Phone #

Robinson and Robinson Inc.

MARCH 17, 2005

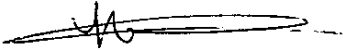
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that MOBILE INTEGRATIONS, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2003), (2004)and (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$450.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document # P02000005062.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson