

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 1:06

DOCUMENT # **P02000078974**

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

MOBLEY'S PLASTICS, INC.



200025229002

12/04/03--01018--028 **150.00

Principal Place of Business Mailing Address
806 WOODROW WILSON ST. 806 WOODROW WILSON ST.
UNIT 2 UNIT 2
PLANT CITY FL 33567 PLANT CITY FL 33567
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/15/2002	
City & State		City & State		5. FEI Number	
Zip		Country		16-1615145	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	MOBLEY, F. LUEGENE	806 WOODROW WILSON ST.	PLANT CITY FL 33567
VTD	MOBLEY, JANET G	806 WOODROW WILSON ST.	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOBLEY, F. LUEGENE 3211 THACKERY WAY PLANT CITY FL 33566		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent: *Janet G. Mobley* Date: 11-18-03
REGISTERED AGENT MUST SIGN

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: *Janet G. Mobley* JANET G. MOBLEY 11-18-03 813 918-9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

November 18, 2003

To: Glenda E. Hood
Department of State

From: Janet G. Mobley

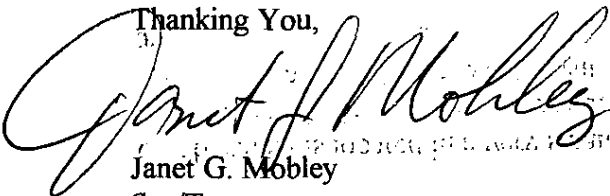
Ms. Hood,

Please find enclosed, a check for \$150.00, along with our sincere apology for being this late.

Our business is located in a very small town, in which we have a lot of problems with the mail flow. We had tried to change our address and in doing this did not receive quite a lot of our mail. We being a new and somewhat small company, were not aware that this was due or would have questioned not receiving it.

I do ask that you please accept this payment, in as we are a small company having to come up with the penalty fee would be a great hardship.

Thanking You,



Janet G. Mobley

Sec/Treas