

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 OCT 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122235

1. Corporation Name

MOBILE-TECH CERTIFIED MOLD INSPECTOR & CONTRACTOR INC.

Principal Place of Business

Mailing Address

2437 MCGRAW LANE
PANAMA CITY FL 32405

2437 MCGRAW LANE
PANAMA CITY FL 32405

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

11/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FISHER, WILLIAM E JR.	2437 MCGRAW LANE	PANAMA CITY FL 32405

500024023085

10/22/03--01064--010 **150.00

10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, WILLIAM E JR.
2437 MCGRAW LANE
PANAMA CITY FL 32405

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William E. Fisher
REGISTERED AGENT MUST SIGN

Date Oct-16-03

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:

William E. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

MOBILE - TECH

**CERTIFIED MOLD INSPECTOR & CERTIFIED MOLD CONTRACTOR
CERTIFIED ENVIRONMENTAL INSPECTOR
FAMILY SERVICE TRADITION SINCE 1968**

2437 McGraw Lane
Panama City FL 32405

Telephone: (850) 785-7415
Fax: (850) 785-1843

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

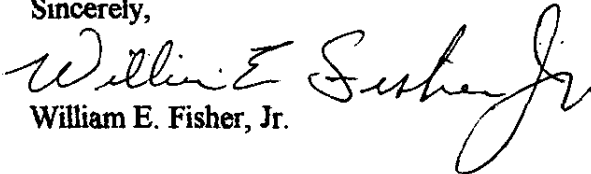
RE: Reinstatement of Corporation

Dear Sir/Madam:

I'm the director of the corporation in question for reinstatement. We never received notice of a dissolution or notices of our corporation's uniform business report. There has been a problem with the mail carrier delivering the mail to our address. Hopefully this matter has been rectified.

Enclosed you will find our reinstatement application and a check for the filing fee of \$150.00.

Sincerely,


William E. Fisher, Jr.

WEF/ko